2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 8:00 am Secretary of State **DOCUMENT # 706311** t. Entity Name 02-09-2004 90070 001 ****61.25 FAITH CHURCH OF DADE, INC. 02-09-2004 90070 002 *****8.75 Principal Place of Business Mailing Address 11948 NW 11TH COURT CORAL SPRINGS FL 33071 11948 NW 11TH COURT CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1695709 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALESSI, PAUL JR Street Address (P.O. Box Number is Not Acceptable) 11948 NW 11 COURT CORAL SPRINGS FL 33071 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent. (NOTE: Registered Agent signature required when reinstating FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITI F * Change ☐ Addition ALESSI, MARK P NAME 9 n. W. 151 S.W. 134 WAY #201 N. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33027 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE DUNCAN, WANDA NAME NAME 11948 NW 11 COURT STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ALESSI, PAUL, JR-NAME NAME 11948 NW 11TH COURT STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition ALESSI, JOHN NAME NAME 10304 SW 87TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen SIGNATURE

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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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FILED