2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State
07-24-2003 90111 030 ****70.00

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DOCUMENT # N02000005930

1. Entity Name
FAITHDOME OF FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
111 PEREGRINE CT WINTER SPRINGS FL 32708	111 PEREGRINE CT WINTER SPRINGS FL 32708

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 54-2066747 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HODGES, GEORGE 585 S CR-427 STE 121 LONGWOOD FL 32750-5462	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINONES, JAYSON 111 PEREGRINE CT WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (P)(D) JAYSON QUINONES 111 PEREGRINE CT. WINTER SPRINGS, FL 32708	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINONES, ELAINE 111 PEREGRINE CT WINTER SPRINGS FL 32708	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (S)(D) VANESSA ZULMA BANOS-VALES 472 GREENSPRINGS CIR. WINTER SPRINGS, FL 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, ROBERT L 513 GREENSPRINGS CIR WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (T)(D) LIZELLE RIVERA 528 SHADOW GLEN PL. WINTER SPRINGS, FL 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ELAINE QUINONES 111 PEREGRINE CT. WINTER SPRINGS, FL 32708	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALDO R. BANOS-ARAUZ (D) 472 GREEN SPRINGS CIR. (DIRECTOR) WINTER SPRINGS, FL 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR (D) MARISOL BENNETT 509 SEASONS CT. WINTER SPRINGS, FL 32708	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR (D) RAPHAEL R. RIVERA 528 SHADOW GLENN PL. WINTER SPRINGS, FL 32708	☐ Change ☑ Addition

CR2E037 (4/03)

12. I hereby 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 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 attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ JAYSON QUINONES 07-21-03 (407)359-3947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #