

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008975

Entity Name: FAITH FELLOWSHIP, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

28945 SW 187TH AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

28945 SW 187TH AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 33-1030274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IXCHU, ALBERT E
28945 SW 187TH AVENUE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IXCHU, ALBERTO E
Address: 4122 N.E. 26TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: VD () Delete
Name: IXCHU, LIZZBETH E
Address: 4122 N.E. 26TH STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: SD () Delete
Name: SYLVA, ANGELICA M
Address: 4281 N.E. 10TH COURT
City-St-Zip: HOMESTEAD, FL 33033

Title: TD () Delete
Name: MARIA, MARINETTA
Address: 1440 EAST MOWRY DR. #108
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: SYLVA, PEDRO J
Address: 4281 N.E. 10TH COURT
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: MEJIA, MAURICIO
Address: 6465 S.W. 130TH PLACE # 508
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARIA, MARINETTA
Address: 1440 EAST MOWRY DR. #108
City-St-Zip: HOMESTEAD, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: STAPEL, JERRY
Address: 28945 SW 187 AVE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT IXCHU

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date