2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N02000008975

Entity Name: FAITH FELLOWSHIP, INC.

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:	D	( ) 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:	TD	( ) Delete
Name:	STAPEL, JERRY	
Address:	28945 SW 187 AVE	
City-St-Zip:	HOMESTEAD, FL 33030	

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:	CONTRERAS, GIL	
Address:	16502 SW 64 TERRACE	
City-St-Zip:	MIAMI, FL 33035	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 04/22/2009

Electronic Signature of Signing Officer or Director — Date