# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005 8:00 am**
**Secretary of State**
05-02-2005 90440 036 ****70.00

DOCUMENT # N92000000211

1. Entity Name
MONUMENT OF FAITH, INC,.

| Principal Place of Business | Mailing Address |
|---|---|
| 19700 NE 22ND AVE<br>NORTH MIAMI BEACH, FL 33180 | 19700 NE 22ND AVE<br>NORTH MIAMI BEACH, FL 33180 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1956 NW 183rd ST | 19700 NE 22ND AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. SAME AS ABOVE |
| City & State MIAMI GARDENS FL | City & State |
| Zip 33056 Country DADE | Zip Country |

04292005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0428407 ☐ 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 |
|---|---|
| FRANCIS, JAMES<br>19700 NE 22ND AVE<br>NORTH MIAMI BEACH, FL 33180 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**Filing Fee is $61.25**
**Due by May 1, 2005**

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<br>FRANCIS, SHANCE D<br>19700 NE 22ND AVE<br>NORTH MIAMI BEACH, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JAMES E FRANCIS JR<br>19700 NE 22ND AVE<br>NORTH MIAMI BCH FL 33180 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>FRANCIS, EDNA<br>19700 NE 22ND AVE<br>NORTH MIAMI BCH, FL 33180 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MR. EARL ANTOMO WILSON<br>1902 7TH AVENUE APT 1F<br>NEW YORK, NY 10026 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HARRIS, YVONNE<br>18333 NW 144 CT<br>OPA LOCKA, FL 33055 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCEO<br>FRANCIS, JAMES N<br>19700 NE 22ND AVE<br>N MIAMI BCH, FL 33180 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | A<br>JOHNSON, SYDNEY O<br>5213 SW 118TH AVENUE<br>NORTH MIAMI BEACH, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BOGLE, HERMA<br>1957 NE 177TH STREET<br>NORTH MIAMI BEACH, FL 33162 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 4/26/05 305-761-1848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #