

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE FOR RATE: \$236.25)

04-28-2000 90069 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 SEP 11 AM 11:53

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N98000003719

1. Corporation Name

CHRIST FAITHFUL COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

6281 SW 156TH CT
 MIAMI FL 33193

6281 SW 156TH CT
 MIAMI FL 33193

REINSTATEMENT **0900**

05-06-99 90071 029 \$70.00

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/24/1998
23	City & State	City & State	4. FEI Number
24	Zip	Zip	65-0886109
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired <input type="checkbox"/>
28			\$8.75 Additional Fee Required
29			6. Election Campaign Financing <input type="checkbox"/>
30			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VEREBAY, LAYNE ESQ.
 190 NE 199TH ST, STE 204
 MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name **PATRICK ADELEKE**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **6281 SW 156 Ct**

84 City **MIAMI** FL 85 Zip Code **33193**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Patrick Adeleke
STREET ADDRESS		1.3 STREET ADDRESS	6281 SW 156 Ct
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI 33193
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V. President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Mary Adelike
STREET ADDRESS		2.3 STREET ADDRESS	6281 SW 156 Ct
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI 33193
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Jack Adeniji
STREET ADDRESS		3.3 STREET ADDRESS	15031 SW 67 Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI 33193
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Financial Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Sonic Otero
STREET ADDRESS		4.3 STREET ADDRESS	9501 SW 45 Terr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI 33191
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	300003398333
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-09/19/00--01060--012
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	****166.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. ADELEKE **SIGNATURE REQUIRED PATRICK ADELEKE 4/18/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 107 6.000

3/5