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Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23830** (5)

1. Corporation Name

**FAITH COMMUNITY CHURCH OF MIAMI, INC.**

Principal Place of Business

Mailing Address

**13824 S.W. 142ND AVENUE  
MIAMI FL 33186**

**13824 S.W. 142ND AVENUE  
MIAMI FL 33186**

2. Principal Place of Business

2a. Mailing Address

**21 12316 SW 72 ST**

**26 P.O. Box 960505**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State  
23 Miami FL**

**27 City & State  
28 Miami FL**

**24 Zip  
33183**

**29 Zip  
33296-0505**

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/11/1987**

4. FEI Number

**65-0032341**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

No

10. Name and Address of New Registered Agent

**SCULTHORPE, CRAIG  
12431 SW 106 TERR  
MIAMI FL 33186**

81 Name

**Frank Vann**

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

**13360-D SW 89 Terrace**

83

84 City

**Miami**

**FL**

85 Zip Code  
**33186**

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

Signature, typed or printed name of registered agent and title if applicable

**Frank Vann**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **SCULTHORPE, CRAIG**  
STREET ADDRESS **12431 SW 106 TERR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☒ DELETE

NAME **DELFAVERO, EDWARD**  
STREET ADDRESS **11019 S.W. 147 CT.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☐ DELETE

NAME **VANN, FRANK**  
STREET ADDRESS **13360D SW 89 TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President / PD** ☒ Change ☐ Addition

1.2 NAME **Alfred Mattern**  
1.3 STREET ADDRESS **6464 SW 104 ST.**  
1.4 CITY-ST-ZIP **Miami FL 33156**

2.1 TITLE **VP / PD** ☒ Change ☐ Addition

2.2 NAME **Charles Veverka, Jr.**  
2.3 STREET ADDRESS **5330 SW 98 CT.**  
2.4 CITY-ST-ZIP **Miami FL 33165**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

**Frank Vann**

**4/28/98**

**(305) 353-7779**

CR2E037 (10/97)