2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 26, 2005 8:00 am Secretary of State DOCUMENT # N26987 1. Entity Name 01-26-2005 90041 002 *****8.75 FAITH CHURCH OF FORT LAUDERDALE, INC. 01-26-2005 90041 001 ****61.25 Printipal Place of Business Mailing Address 6539 W. COMMERCIAL BLVD 11948 N.W. 11 COURT 00000433 TAMARAC FL 33319 **CORAL SPRINGS FL 33071** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State 65-0055962 Not Applicable Country Country \$8.75 Additional Ζip Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALESSI, PAUL JR. Street Address (P.O. Box Number is Not Acceptable) 11948 NW 11 CT **CORAL SPRINGS FL 33071** 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. FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE ALESSI, PAUL JR. NAME NAME 11948 NW 11 CT STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition ALESSI, JOHN NAME NAME 10304 SW 87 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 CITY-ST-7IP CITY-ST-ZIP 92 69 M.W. 9 Court DLANTATION, FL 3332. ☐ Delete TITLE TITLE ALESSÎ, MARK P. NAME NAME STREET ADDRESS 7269 NW 9CT STREET ADDRESS FORT LAUDERDALE FL 33324 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE FERKOVICH, MADELINE A. NAME 7919 NW 35TH PL STREET ADDRESS STREET ADDRESS 218 32606 **GAINESVILLE FL** CITY-ST-7IP CITY-ST-ZiP [] Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 equired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appreciate the empowered.

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