

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000211

Entity Name: MONUMENT OF FAITH, INC.,**Current Principal Place of Business:**1956 NW 183RD ST
MIAMI GARDENS, FL 33056**Current Mailing Address:**19700 NE 22ND AVENUE
N MIAMI BEACH, FL 33180**FEI Number:** 65-0428407**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRANCIS, JAMES N SR
19700 NE 22ND AVE
NORTH MIAMI BEACH, FL 33180 US*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

Officer/Director Detail :

Title PRESIDENT
Name FRANCIS, DR JAMES N SR.
Address 19700 NE NW 22ND AVENUE
City-State-Zip: AVENTURA FL 33180

Title VPS
Name FRANCIS, EDNA E
Address 19700 NE 22ND AVE
City-State-Zip: NORTH MIAMI BCH FL 33180

Title D
Name HARRIS, YVONNE
Address 301 NW 185TH TERRACE
City-State-Zip: OPA LOCKA FL 33056

Title ED
Name FRANCIS, JAMES E. JR
Address 19700 NE 22ND AVE
City-State-Zip: N MIAMI BCH FL 33180

Title A
Name NWWANKWO, SHARICE D
Address 5213 SW 118TH AVENUE
City-State-Zip: COOPER CITY FL 33030

Title D
Name NWANKWO, CHIDI I
Address 18200 NW 19TH AVENUE
City-State-Zip: MIAMI GARDENS FL 33056

Title DIRECTOR
Name BASKIN, DR BILLY
Address 16800 NW 22ND AVENUE
City-State-Zip: MIAMI GARDENS FL 33056

I hereby 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 all other like empowered.

SIGNATURE: DR JAMES N FRANCIS, SR**PRESIDENT****08/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date