

**2021 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 US**FEI Number:** 65-0428407**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JAMES N FRANCIS, 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:** DR JAMES FRANCIS

05/01/2021

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            SECRETARY  
Name            FRANCIS, EDNA J  
Address        19700 NE 22ND AVENUE  
City-State-Zip: N MIAMI BEACH FL 33180

Title            EXECUTIVE SECRETARY  
Name            NWANKWO, SHARICE D  
Address        18140 NW 19TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

Title            VP  
Name            MYRIE, SANNETA DR.  
Address        18140 NW 19TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

Title            CFO  
Name            FRANCIS, JUSTIN O  
Address        18140 N W 19TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

Title            CORRESPONDING SECRETARY  
Name            FRANCIS, AASHA M  
Address        18140 N W 19TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33056

Title            OFFICER  
Name            HARRIS, TERRENCE  
Address        301 NW 185TH TERRACE  
City-State-Zip: OPA LOCKA 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:** EDNA J FRANCIS**SECRETARY**

05/01/2021

Electronic Signature of Signing Officer/Director Detail

Date