


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 002 ****70.00

DOCUMENT # 706311
1. Entity Name
FAITH CHURCH OF DADE, INC.



Principal Place of Business Mailing Address
11948 NW 11TH COURT 11948 NW 11TH COURT
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071
US US



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
59-1695709 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALESSI, PAUL JR
11948 NW 11 COURT
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.
SIGNATURE: *Paul Alessi* DATE: *Feb 1, 2006*

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ALESSI, MARK P | |
| STREET ADDRESS | 9269 N.W 9 COURT | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33324 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DUNCAN, WANDA | |
| STREET ADDRESS | 11948 NW 11 COURT | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ALESSI, PAUL, JR | |
| STREET ADDRESS | 11948 NW 11TH COURT | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ALESSI, JOHN | |
| STREET ADDRESS | 10304 SW 87TH COURT | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Wanda Alessi</i> | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Alessi, Jr. President* *Paul Alessi, Jr.* *Feb 1, 2006* *754 346-8700*