

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # .70631.1**  
1. Entity Name  
**FAITH CHURCH OF DADE, INC.**

Principal Place of Business <b>11948 NW 11TH COURT CORAL SPRINGS FL 33071 US</b>	Mailing Address <b>11948 NW 11TH COURT CORAL SPRINGS FL 33071 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number <b>59-1695709</b>	Applied For <input type="checkbox"/> Not Applicable
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**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* *Paul Alessi* 2/2/07  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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-STATE-ZIP	FORT LAUDERDALE FL 33324		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	ALESSI, WANDA		
STREET ADDRESS	11948 NW 11 COURT		
CITY-STATE-ZIP	CORAL SPRINGS FL 33071		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	ALESSI, PAUL, JR		
STREET ADDRESS	11948 NW 11TH COURT		
CITY-STATE-ZIP	CORAL SPRINGS FL 33071		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	ALESSI, JOHN		
STREET ADDRESS	10304 SW 87TH COURT		
CITY-STATE-ZIP	MIAMI FL 33156		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	U00000633954	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	02/21/07-80083-024 8.75		
CITY-STATE-ZIP			
TITLE	U00000633954	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	02/21/07-80083-025 61.25		
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-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* *Wanda Alessi* *John Alessi* **Feb 2, 2007** 954 346-8700