SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $183 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 11:45

DOCUMENT # 753535 (4)

1. Corporation Name

FOUNDATION FOR FAITH, INC.

Principal Place of Business	Mailing Address
7145 S.W. 95 ST MIAMI FL 33156	7145 S.W. 95 ST MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1980
3a. Date of Last Report: 09/09/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VAN DER WALL, ROBERT J.
2911 GRAND AVENUE
SUITE 4 A
COCCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	CARLON, TED	1.2 NAME		
STREET ADDRESS	7145 S.W. 95TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	CARLON, LEE	2.2 NAME	CARLON,LEE	
STREET ADDRESS	7145 S.W. 95TH ST.	2.3 STREET ADDRESS	12616 Pembroke Circle	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Carmel,Ind 46032	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CARLON, TED, JR.	3.2 NAME		
STREET ADDRESS	7145 S.W. 95TH ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CARLON, CHARLES A.	4.2 NAME		
STREET ADDRESS	11750 SW 122 ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CARLON, GERARD	5.2 NAME	CARLON,GERARD	
STREET ADDRESS	10213 JAMAICA LN	5.3 STREET ADDRESS	6182 Stonepath Circle	
CITY-ST-ZIP	MANASSAS VA	5.4 CITY-ST-ZIP	Centerville,Va 22020	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CARLON, CHRISTOPHER	6.2 NAME	CARLON,CHRISTOPHER	
STREET ADDRESS	7358 WICHTA CT	6.3 STREET ADDRESS	7239 St.Lucia Ct	
CITY-ST-ZIP	MANASSAS VA	6.4 CITY-ST-ZIP	Manassas,Va. 22110	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] TED CARLON 8-4-95 (305)-661-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009872