

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 753535 (4)

1. Corporation Name

FOUNDATION FOR FAITH, INC.



Principal Place of Business

7145 S.W. 95 ST  
MIAMI FL 33156

Mailing Address

7145 S.W. 95 ST  
MIAMI FL 33156

3. Date Incorporated or Qualified  
07/29/1980

3a. Date of Last Report  
08/09/1995

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARLON, TED  
STREET ADDRESS 7145 S.W. 95TH ST.  
CITY - ST - ZIP MIAMI FL ☐ DELETE

TITLE STD  
NAME CARLON, LEE  
STREET ADDRESS 12616 PEMBROKE CIRCLE  
CITY - ST - ZIP CARMEL IN ☐ DELETE

TITLE D  
NAME CARLON, TED, JR.  
STREET ADDRESS 7145 S.W. 95TH ST.  
CITY - ST - ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME CARLON, CHARLES A.  
STREET ADDRESS 11750 SW 122 ST  
CITY - ST - ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME CARLON, GERARD  
STREET ADDRESS 6182 STONEPATH CIRCLE  
CITY - ST - ZIP CENTERVILLE VA ☐ DELETE

TITLE D  
NAME CARLON, CHRISTOPHER  
STREET ADDRESS 7200 ST. LUCIA OF ~~990 KARA LANE~~  
CITY - ST - ZIP MANASSAS VA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☒ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

D CARLON CHRISTOPHER  
990 KARA LANE  
GREENWOOD, IND 46142

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)(k), 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:

*Christopher Carlon* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/96

(305)-661-5552

Date

Daytime Phone #

0007849

CR2E037 (3/96)