FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

22

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 753535

(4)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FOUNDATION FOR FAITH, INC.

Country

9. Name and Address of Current Registered Agent

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VAN DER WALL, ROBERT J.

2911 GRAND AVENUE

Principal Place of Business	Mailing Address
7145 S.W. 95 ST	7145 S.W. 95 ST
MIAMI FL 33156	MIAMI FL 33156-3036

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FILED May 09 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 3a 07/29/1980	a. Date of Last Report 08/12/1996

Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

COCCONUT GROVE FL 33133		63	1					•			
		84	City		FL	85 2	Zip Co	ode			
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 .											
12,	Signature, typed or printed name of registered agent and OFFICERS AND DIF		tegistered Ag	ent signature	e required when reinstating) ADDITIONS/CHANGES TO OF	DATE CICEDO AND	DIDEOT	FORE	151.40		
TITLE	PD OFFICERS AND DIF	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF	FICENS AND	Chan		Addition		
NAME	CARLON, TED	been				ı	LI Oliali	An	L_I Addition		
			1.2 NAME								
STREET ADDRESS	7145 S.W. 95TH ST.			i address					-		
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-	ST-ZIP			Chan		Addition		
TITLE	STD	ב טנננונ	2.1 TITLE				- Cuan	ge	ן אטטווטוו		
NAMÉ	CARLON, LEE		2.2 NAME								
STREET ADORESS	12616 PEMBROKE CIRCLE			ADDRESS							
CITY-ST-ZIP	CARMEL IN	Decer	2.4 CITY-	ST-ZIP			1 61		FT . Co.		
TITLE	D	☐ DELET€	3.1 TITLE				Chan	ge	Addition		
NAME	CARLON, TED, JR.		3.2 NAME								
STREET ADDRESS	7145 S.W. 95TH ST.		3.3 STREET	I ADDRESS	المعراب				Ţ		
CITY+ST-ZIP	MIAMI FL.	···	3.4, CITY-	ST-ZIP							
TITLE	D	☐ DELETE	4.1 THTLE				Chan	ge	Addition		
NAME	CARLON, CHARLES A.		4. 2 NAME								
STREET ADDRESS	11750 SW 122 ST		4.3 STREE	T ADDRESS					ļ		
CITY-ST-ZIP	MIAMI FL		4.4 DITY-5	ST-ZIP							
TITLE	D	DELETE	5.1 MILE				☐ Chan	ge	Addition		
NAME	Carlon, Gerard		5.2 NAME								
STREET ADDRESS	6182 STONEPATH CIRCLE		5.3 STREE	T ADDRESS)		
CITY ST ZIP	CENTERVILLE VA		5.4 C(TY-	ST-ZIP					}		
TITLE	D .	DELETE	6.1 TITLE				Chan	ge	Addition		
NAME	CÁRLON, CHRISTOPHER	!	6.2 NAME								
STREET ADDRESS	990 KARA LANE		6.3 \$TREE	T ADDRESS							
CITY-ST-ZIP	GREENWOOD FL		6.4 CITY-5	ST • ZIP							
14. I do hereby certify that the information supplied with this filling 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 repetitive or triviste employee do to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address.											

Country

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