SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BELORE 00/30/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

Mailing Address

FOUNDATION FOR FAITH, INC.

Principal Place of Business

DOCUMENT # 753535

FILED
Oct 08 1998 8:00am
Secretary of State

		610 1040 010 1004

7145 S.W. 95		7145 S.W. 95 ST 			3. Date Incorporated or Qualified		
PINECL		PINGUNEST			07/29/1980	Applied For	
		7			NOT APPLICABLE	Not Applicable	
1 '	Place of Business	2a Mailing Address			Certificate of Status Desired	\$8.75 Additional	
1 Suite, Apt	# plc	26 Suite, Apt #, etc.			6 Floation Commains Livensius	Lee Required	
2	1, 535	27			6 Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Stat	te	City & State			7. Is this nonprofit corporation a homeowner		
3		28				No	
Zψ	Country	Z(p	Country	/	8. This corporation owes or has paid the curr	rent year totangible	
4	[25]	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curren	t Registered Agent	0.4	l	10. Name and Address of New Registered	Agent	
81 Name							
	WALL, ROBERT J.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	IND AVENUE		83				
SUITE 4 A			00				
CUCCUNI	UT GROVE FL 33133		84	City	r.	85 Zip Code	
44 Dominion t	to the annihilar of rections 642 0500 a	uul C17 1COD I torida Etalutan	the observe r	oned correct	f L. tion submits this statement for the purpose of cha		
office or re	egistered agent, or bolb, in the State o	f Horida. Such change was au	rthorized by t		ion somitis this statement for the purpose of cha- i's board of directors. I hereby accept the appoint		
agent Lar	m familiar with, and accept the obligati	ons of, section 617,0503, Flor	ida Statutes.				
SIGNATURE	Signatore, typed or printed came of registered agent	and the diapplicable (NC)11: Registored A	gont signature requi	ired wher: reinstating) DATE	_	
12	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DRI CTORS IK 12	
TITLE	PD	1 DELETE	1111111			Change Addition	
NAME	CARLON, TED	• .	1.2 NAME				
STREET ADDRESS	7145 S.W. 95TH ST.		1.3 STREE	TAPORESS			
31Y-\$1-71P	MIAMI FL		1.4 CITY-S	1.710			
mrt	STD	[DELFTE	2111111			Change Addition	
IAME	CARLON, LEE		2.2 NAME				
STREET ADDRESS	12616 PEMBROKE CIRCLE		2.3 STREE	LADDRESS			
011Y-S1-7#	CARMEL IN		2.4 CHY-\$	1-ZIP			
III E	D	DETETE	3.1 1111.F			Change Addition	
NAME	CARLON, TED, JR		3.2 NAME				
STREET ADDRESS	7145 S.W. 95TH ST.		ŀ	1 ADDRESS			
011Y-51-24P 11TLE	MIAMI FL	1.1	3.4 CITY-\$	1. 7 iP			
	D Carlon, Charles A.	DETETE	4 1 7 17 LF			Change Addition	
IAME STREET ADDRESS	11750 SW 122 ST		4.2 NAME	LANDEL CO			
31Y-S1-20P	MIAMI FL		4.4 CHY-S	LADDRESS			
nti	D	DECEME	5.11mlf		RECTOR	Change Addition	
IAML	CARLON, GERARD	[] Ditti ii	5.2 NAML	- E	ARLOW, GERARD	Manage (Manager	
TRECT ADDRESS	6182 STONEPATH CIRCLE		5.3 STREET	ADDRESS	ARLOW, GERARD 436 Wyn Cove Dr.		
11Y-S1-ZiF	CENTERVILLE VA		5.4 CITY-S	T-ZIP	しゃし おきょんし ドレー るみてん	9	
111.8	D	[DETETE	6.1 TITLE	01	RECTOR	: Change [Addition	
:AME	CARLON, CHRISTOPHER		6.2 NAME	C	RECTOR CHRISTOPHER		
	990 KARA LANE		63 STREET	ADDRESS 4	631 K. VINA DK		
HY-\$1-70°	GREENWOOD FL		64 C(1Y-S)	1-ZIP /	100 R3V///0 . IN/) 461	5-6	
4. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Sfatutes. I further certify that the information indicated on this annual report or supplicational annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 altaching with an address.							
	11/1	Charles M.	1	5 11 m	. A alm Gal	101 100	
SIGNAT		4011 M	ElG. C	1 11/10	ola 9/28 (305)	CC1-2552	
	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Data * Da	odenia Dissert di	