

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766650

Entity Name: FAITH - HOPE - LOVE FOUNDATION, INC.

FILED
May 06, 2004
Secretary of State

Current Principal Place of Business:

2301 N.W. 95TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2301 N.W. 95TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 59-2527884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COBB, ERNEST
3362 NW 151 TERRACE
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: YOUNG, ELVA,
Address: 2301 NW 95TH STREET
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: ALBURY, JAMES H.,
Address: 2301 NW 95TH ST.
City-St-Zip: MIAMI, FL 33147

Title: D (X) Delete
Name: GRANT, ZERONIE N
Address: 8430 EAST DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33138

Title: MDT () Delete
Name: JENKINS, LADI
Address: 8840 NW 23RD AVE
City-St-Zip: MIAMI, FL 33147

Title: PD () Delete
Name: ALBURY, JAMES H
Address: 2301 NW 95TH ST
City-St-Zip: MIAMI, FL 33147

Title: VP () Delete
Name: BARRINGTON, GAYLE
Address: 2512 CLEVELAND ST
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: OATES, SHANDRIA D.,
Address: 1786 SW 85TH AVENUE
City-St-Zip: MIRAMAR, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANDRIA OATES

TD

05/06/2004

Electronic Signature of Signing Officer or Director

Date