

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768831

FILED
May 01, 2008
Secretary of State

Entity Name: FAITH, HOPE AND LOVE APOSTOLIC CORPORATION

Current Principal Place of Business:

11945 SW 122 CT
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16-3355
MIAMI, FL 331163355 US

New Mailing Address:

FEI Number: 59-2325788 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EBANKS, LESLIE
11945 SW 122 COURT
MIAMI, FL 33186 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: SD () Delete
Name: FINNERTY, ANTHONY
Address: P.O. BOX 16-3355
City-St-Zip: MIAMI, FL 331163355

Title: D () Delete
Name: EBANKS, LESLIE
Address: 11945 SW 122ND COURT
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: COSTIGAN, MICHAEL
Address: 1242 E. ASCOT AVE
City-St-Zip: HIGHLANDS RANCH, CO 80126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FINNERTY, ANTHONY
Address: PO BOX 3757
City-St-Zip: LITTLETON, CO 80161

Title: D (X) Change () Addition
Name: EBANKS, LESLIE
Address: PO BOX 16-3355
City-St-Zip: MIAMI, FL 33116

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LESLIE EBANKS

DIRE

05/01/2008

Electronic Signature of Signing Officer or Director

Date