DOCUMENT # F9800004385

1. Entity Name

FAITH CHRISTIAN FELLOWSHIP CHURCH, INC.

Principal Place of Business 621 BELVIDERE ST WAUKEGAN IL 60085

Mailing Address

621 BELVIDERE ST WAUKEGAN IL 60085

FILED Mar 26, 2001 8:00 am Secretary of State

| | | | | | | | |) | | | |
|---|---|------------------|---|------------------------|------------------------------------|--|---|---|---|-----------------|--|
| 2. Principal P | lace of Busine | ess | | | | | | | (8 14) 9 5((18 1 5 | | |
| 1725 NW 38th Ave | | | P.O. Box 101023 | | | 1 1881188 | riin iniai taili eelit eel | | .16 81498 IFIDI | (#(B(#II) (##) | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | | City & State | | | 4. FEI Number 36-2916346 Applied For Net Applied For | | | | | |
| Lauderhill, FL | | | Ft. Lauderdale, FL | | | <u> </u> | 30 23 10340 | <u> </u> | N | ot Applicable | |
| Zip 33310 | | Country USA | Zip 33310–1023 | Country USA | | 5. Certificate of Status Desired | | | | | |
| 6. Name and Address of Current R | | | Registered Agent | stered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| | | | Name | Name | | | | | | | |
| NORELUS 3349 NW | | • • • • • • | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| LAUDERD | ALE LAKES | FL 33309 | | City | | | | FL | Zip Coc | de e | |
| 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | | | | | | | | | | | |
| FILE NOW: FEE IS \$61.25 | | | 9. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | | Make Check Payable to Department of State | | | |
| 10. | | OFFICERS AND DIF | DECTORS | T 11. | | DDITIONS (CH | ANGES TO OFFICE | DC AND DID | ECTOPS II | 110 | |
| TITLE | PC | OTTICERS AND DIF | XX Delete | TITLE | P | (DDITIONS/CIT) | ANGES TO OFFICE | חוכן טווא פח: | | XXXAddition | |
| NAME | PAINE, PE | red e | A_A Delete | NAME | | tonu Nore | olue. | | - Change | V VV | |
| STREET ADDRESS | | RSALL PARKWAY | | STREET ADDRESS | Rintony Norelus 3349 NW 34th ST | | | | | 1 | |
| CITY-ST-ZIP | | N IL 60085 | | CITY-ST-ZIP | Lauderdale Lakes, FL 33309 | | | | | | |
| | WAUKEGA | 14 IL 60005 | XX Delete | | | Jeruare 1 | Jakes, III. | | Change | and ddition | |
| title Name | | EDWADD 1 ID | A.A. Delete | TITLE NAME | S | D3-1- | . T | | ☐ Change | XXXAddition | |
| STREET ADDRESS | THOMAS, EDWARD J JR 3432 CHRISTOPHER COURT | | | STREET ADDRESS | | Jorky Rudolph Larose | | | | } | |
| CITY-ST-ZIP | - | | | CITY-ST-ZIP | | | 3577 NW 32nd CT | | | | |
| | NORFOLK | VA 23513 | 38r | | Lauc | derdale I | akes, FL | | | 10000 | |
| TITLE | S | ATTION A | XX Delete | TITLE | T | | | | | XXXAddition | |
| NAME STREET ADDRESS | TAYLOR, F | | - | NAME STREET ADDRESS | | in=Davila | | | | | |
| | | ER AVENUE | | | 357 | 7 NW 32nd | 3 CT | | | } | |
| CITY-ST-ZIP | | N IL 60085 | | CITY-ST-ZIP | | derdale I | akes, FL | 33309 _ | | | |
| TITLE | T | | > Delete | TITLE | D | _ | _ | | ☐ Change | XXXAddition | |
| NAME | | LER, JAY B | | NAME | | nard A. I | | | | Į | |
| STREET ADDRESS | | DERE STREET | | STREET ADDRESS | | 7 NW 32nd | | 2220 | | | |
| CITY-ST-ZIP | | N IL 60085 | | CITY-ST-ZIP | | derdale I | Lakes, FL | | | | |
| TITLE | D | 011100 | XX Delete | TITLE | D | 1 Lau - Barri | | | Change | XXXAddition | |
| NAME | Brand, Ri | | | NAME | | lton Benr | | | |) | |
| STREET ADDRESS | | DERE STREET | | STREET ADDRESS | 1 | | AVE #311 | | | | |
| CITY~ST-ZIP | | N IL 60085-7033 | | CITY-ST-ZIP | Laud | dernill, | FL 33313 | | | | |
| TITLE | D | | XX Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME | HAHN, RIC | | | NAME | 1 | | | | | | |
| STREET ADDRESS | | A AVENUE | | STREET ADDRESS | 1 | | | | | } | |
| CITY-ST-ZIP | SAN DIFG | 1 CA 92103 | <i>;</i> | CITY-ST-ZIP | I | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2