

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006788

FILED
Apr 29, 2009
Secretary of State

Entity Name: FAITH ALIVE FELLOWSHIP, INC.

Current Principal Place of Business:

1420 SW 87TH WAY
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 170069
HIALEAH, FL 330170069

New Mailing Address:

FEI Number: 20-0229893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMLINSON, RUSSELL REV.
1420 SW 87TH WAY
PEMBROKE PINES, FL 33025 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: PD () Delete
Name: TOMLINSON, RUSSELL REV.
Address: 1420 SW 87TH WAY
City-St-Zip: PEMBROKE PINES, FL 33025

Title: STD () Delete
Name: HARRIS, PAMELA
Address: 4528 SW 129TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: CASH, DUANE
Address: 1875 NW 100TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: HARRIS, NORRIS
Address: 4528 SW 129TH AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: DAWSON, CHRISTOPHER
Address: 6811 SW 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D () Delete
Name: GREENWICH, NATHANIEL
Address: 10805 NW 3RD COURT
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: PAMELA HARRIS

STD

04/29/2009

Electronic Signature of Signing Officer or Director

Date