

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000000717

1. Entity Name  
FAITH INTERNATIONAL FOR CHRIST, INC.



Principal Place of Business  
7900 SW 24 ST.  
MIAMI, FL 33155

Mailing Address  
7900 SW 24 ST.  
MIAMI, FL 33155

FILED  
05 FEB 24 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-1080095

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TABLADA, SAMUEL  
8785 SW 52 ST  
MIAMI, FL 33165

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME TABLADA, SAMUEL  
STREET ADDRESS 8785 SW 52 ST.  
CITY-ST-ZIP MIAMI, FL 33165

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MIRANDA, JOSE R  
STREET ADDRESS 15344 S.W. 63 TERR.  
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☐ Change ☐ Addition  
NAME 500047868805  
STREET ADDRESS 03/08/05--01007--024 \*\*61.25  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME OFODILE, KAYCE  
STREET ADDRESS 1479 GREEN BANK CIRCLE WEST  
CITY-ST-ZIP STONE MOUNTAIN, GA 30083

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM ☐ Delete  
NAME GUTIERREZ, ANGEL  
STREET ADDRESS 14141 SW 82 ST.  
CITY-ST-ZIP MIAMI, FL 33183

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BM ☒ Delete  
NAME NOEL, BELIZARIO  
STREET ADDRESS 15020 NW 2 AVE  
CITY-ST-ZIP MIAMI, FL 33165

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Samuel Tablada* SAMUEL TABLADA

02/12/05 (305) 510-6359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #