2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # N0100006861 1. Entity Name FAITH COMMUNITY BAPTIST CHURCH, INC.				05-03-2004 90666 023 ****70.00
Principal Place 10401 NW 81 MIAMI, FL 33	TH AVE	Mailing Address 10401 NW 8TH AVE MIAMI, FL 33167		
2. Principal Pl	ace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number Applied For 65-1140802 Not Applied by Applied For
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
THOMPSON, OTTOLITA Name Thor				hompson, Ottolita T.
				dress (P.O. Box Number is Not Acceptable) 1 N. Federal Highway-
			te 202	
l			landale FL Zip 33009	
8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligations of registered agent.				
SIGNATURE DIDLETO DE LA SOLO HOLD HOLD HOLD HOLD HOLD HOLD HOLD H				
	Signature, typed or printed name of registered a	agent and title if applicable. (N	OTE: Registe ed Agent signature	e required when reinstating) DATE
	Filling Fee is \$61.25 Due by May 1, 2004	I	ampaign Financing Contribution.	\$5.00 May Be Added to Fees Added to Fees Added to Fees
10,	OFFICERS AND	D DIRECTORS	I 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Additio
NAME STREET LOSDSOO	WARD, LESTER L SR		NAME .	
STREET ADDRESS CITY-ST-ZIP	13421 SW 26TH STREET MIRAMAR, FL 33027		STREET ADDRESS CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARSHALL, SONNY		NAME	_ Sittings
STREET ADDRESS	940 SHARAZAD BLVD OPA-LOCKA, FL 33054		STREET ADDRESS CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	
NAME	PRESSLEY, RALPH SR	L Delete	NAME	☐ Change ☐ Additio
STREET ADDRESS	1367 NW 95TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33147	R'm	CITY-ST-ZIP	
TITLE NAME	PETERS, RICARDO	🔀 Delete	TITLE NAME	D ☐ Change ☑ Additio
STREET ADDRESS	1940 NW 153RD STREET		STREET ADDRESS	MANNING, DONALD
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	19711 E. Oakmont Drive
TITLE NAME	D HAYES, STEVEN J	☐ Delete	THEE	☐ Change ☐ Addition
STREET ADDRESS	1350 NW 111TH STREET		NAME STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	THOMPSON, GARY 661 NE 203RD STREET		NAME STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL (33179	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 effect 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.				