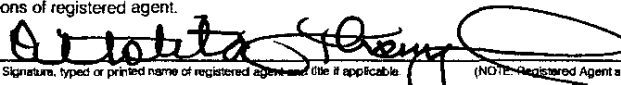
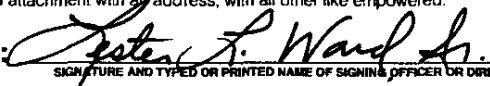


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90138 020 ****70.00

DOCUMENT # N01000006861 1. Entity Name FAITH COMMUNITY BAPTIST CHURCH, INC.			
Principal Place of Business 10401 NW 8TH AVE MIAMI, FL 33167		Mailing Address 10401 NW 8TH AVE MIAMI, FL 33167	
			
		04262005 No Chg-NP CR2E037 (10/03)	
4. FEI Number 65-1140802		Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, OTTOLITA 1001 N FEDERAL HIGHWAY STE 202 HALLANDALE, FL 33009			
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:  DATE: 4/28/05 (Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. WARD, LESTER L SR 13421 SW 26TH STREET MIRAMAR, FL 33027		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARSHALL, SONNY 940 SHARAZAD BLVD OPA-LOCKA, FL 33054		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PRESSLEY, RALPH SR 1367 NW 95TH TERRACE MIAMI, FL 33147		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MANNING, DONALD 19711 E OAKMONT DR MIAMI, FL 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HAYES, STEVEN J 1350 NW 111TH STREET MIAMI, FL 33167		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. THOMPSON, GARY 681 NE 203RD STREET NORTH MIAMI BEACH, FL 33179		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/05 Date Daytime Phone #	