2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90138 020 ****70.00

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1. Entity Name
FAITH COMMUNITY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
10401 NW 8TH AVE MIAMI, FL 33167	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 O Thompson O Thompson 4/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P
NAME	WARD, LESTER L SR
STREET ADDRESS	13421 SW 26TH STREET
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	MARSHALL, SONNY
STREET ADDRESS	940 SHARAZAD BLVD
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	D
NAME	PRESSLEY, RALPH SR
STREET ADDRESS	1367 NW 95TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	MANNING, DONALD
STREET ADDRESS	19711 E OAKMONT DR
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	D
NAME	HAYES, STEVEN J
STREET ADDRESS	1350 NW 111TH STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	THOMPSON, GARY
STREET ADDRESS	681 NE 203RD STREET
CITY-ST-ZIP	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: Lester L. Ward Sr. 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #