

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90023 035 \*\*\*\*70.00

<b>DOCUMENT # N01000006861</b>					
<b>1. Entity Name</b> FAITH COMMUNITY BAPTIST CHURCH, INC.					
<b>Principal Place of Business</b> 10401 NW 8TH AVE MIAMI, FL 33167			<b>Mailing Address</b> 10401 NW 8TH AVE MIAMI, FL 33167		
<b>2. Principal Place of Business - No P.O. Box #</b> 10401 N.W. 8 <sup>TH</sup> AVE.		<b>3. Mailing Address</b> 10401 N.W. 8 <sup>TH</sup> AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami Florida		<b>City &amp; State</b> Miami Florida		<b>4. FEI Number</b> 65-1140802	
<b>Zip</b> 33150		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> THOMPSON, OTTOLITA, 10401 NW 8TH AVE MIAMI, FL 33015			<b>7. Name and Address of New Registered Agent</b> Name: <u>Minnie Sanders</u> Street Address (P.O. Box Number is Not Acceptable): <u>10401 N.W. 8<sup>TH</sup> AVE</u> City: <u>MIAMI</u> FL Zip Code: <u>33150</u>		
<b>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.</b> SIGNATURE: <u>Minnie Sanders</u> DATE: <u>3/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> WARD, LESTER L SR		<b>TITLE</b> D	<b>NAME</b> EDWARD DUFFIE	
<b>STREET ADDRESS</b> 13421 SW 26TH STREET	<b>STREET ADDRESS</b> MIRAMAR, FL 33027		<b>STREET ADDRESS</b> 585 NW 135 ST	<b>STREET ADDRESS</b> MIAMI FL 33167	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> MARSHALL, SONNY		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 940 SHARAZAD BLVD	<b>STREET ADDRESS</b> OPA-LOCKA, FL 33054		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> PRESSLEY, RALPH SR		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 1367 NW 95TH TERRACE	<b>STREET ADDRESS</b> MIAMI, FL 33147		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> MANNING, DONALD		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 19711 E OAKMONT DR	<b>STREET ADDRESS</b> MIAMI, FL 33016		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> WILLIAMS, STEVEN B		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 100 NE 99TH STREET	<b>STREET ADDRESS</b> MIAMI, FL 33138		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> BROWN, RICHARD		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 11021 NW 22ND AVE	<b>STREET ADDRESS</b> MIAMI, FL 33147		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>Ralph Pressley</u>			<b>3-12-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		