

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90014 003 *****61.25

DOCUMENT # N02000001817

1. Entity Name

FAITH COMMUNITY CENTER, INC.



Principal Place of Business

**3405 NW 189TH ST.
MIAMI FL 33056**

Mailing Address

**3405 NW 189TH ST.
MIAMI FL 33056**

44051736

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

MOORE

CR2E037 (4/04)

4. FEI Number

71-0903225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELLIS, DAVID
3405 NW 189TH ST.
MIAMI FL 33056**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

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

TITLE **D** ☐ Delete
NAME **ELLIS, DAVID**
STREET ADDRESS **8560 SOUTHAMPTON DRIVE**
CITY-ST-ZIP **HOLLYWOOD FL 33025**

TITLE **T** ☐ Delete
NAME **BROWN, RICHARDERSON**
STREET ADDRESS **2823 MCCLELLAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **T** ☐ Delete
NAME **WILLIAMS, MARIAN**
STREET ADDRESS **17722 NW 27TH**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **D** ☐ Delete
NAME **ELLIS, MYRA**
STREET ADDRESS **8560 SOUTHAMPTON DRIVE**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** ☒ Delete
NAME **PORTER, MANNY**
STREET ADDRESS **3405 NW 189TH ST.**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **T** ☐ Delete
NAME **DAVID, LILLIEMAE**
STREET ADDRESS **2310 GREEN ST., APT. #1**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME **Pastor Kendrick Ferguson**
STREET ADDRESS **18634 N.W. 52 Path**
CITY-ST-ZIP **Miami, Florida 33055**

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: *Rue And Ellis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04
Date

305/628-1774
Daytime Phone #