

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05262007 REIN-NP

CR2E099 (1/07)

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 \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, DAVID	
STREET ADDRESS	8560 SOUTHAMPTON DRIVE	
CITY - ST - ZIP	HOLLYWOOD, FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, RICHARDSON	
STREET ADDRESS	2823 MCCLELLAN ST	
CITY - ST - ZIP	HOLLYWOOD, FL 33020	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARIAN	
STREET ADDRESS	17722 NW 27TH	
CITY - ST - ZIP	MIAMI, FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELMYRA, ELLIS	
STREET ADDRESS	8560 SOUTHAMPTON DRIVE	
CITY - ST - ZIP	MIRAMAR, FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, KENDRICK PASTOR	
STREET ADDRESS	18634 N.W. 52 PATH	
CITY - ST - ZIP	MIAMI, FL 33055	
TITLE	T	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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.

SIGNATURE:

Rev David Ellis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-07

Date

Daytime Phone #

FILED

07 JUN 15 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

