2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006222

FILED May 02, 2008 Secretary of State

Entity Name: THE FLORIDA FAITH-BASED ASSOCIATION, INC.

In the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
FEI Number: 36-4511514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () n accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: DECASTRO, BERNIE 50 NE 35TH ST. DCALA, FL 34479 US 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. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title: CHMN () Delete Bell, CLEVE Bell, CLEVE Bell, CLEVE Bell, CLEVE Name: Bell, CLEVE Name: Address: Clty-St-Zip: Title: ST () Delete Title: ST () Delete Title: Name: Address: Clty-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: Title: VARNOLD, CHRIS Name: VARNOLD, CHRIS Name: VARNOLD, CHRIS Name: VARNOLD, CHRIS Name: Name: MCMAHON, JOHN Name: MC					
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OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: CHMN () Delete Title: () Change () Addition Name: BELL, CLEVE Address: 965 WEST FLAGLER STREET City-St-Zip: MIAMI, FL 33128 City-St-Zip: MIAMI, FL 33128 Title: S/T () Delete Title: () Change () Addition Name: GLENN, JOHN Name: GLENN, JOHN Name: Address: City-St-Zip: City-St-Zip: OKEECHOBEE, FL 34974 Title: VP () Delete Title: () Change () Addition Name: YARNOLD, CHRIS Name: YARNOLD, CHRIS Name: YARNOLD, CHRIS Address: 2525 FIRST AVE SOUTH City-St-Zip: ST. PETERSBURG, FL 33712 Title: MEM () Delete Title: () Change () Addition Name: MCMAHON, JOHN Name: MCMAHON,	50 NE 351	HST.			
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNIE DECASTRO P 05/02/2008