

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006222

FILED
May 02, 2008
Secretary of State

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

Current Principal Place of Business:

50 NE 35TH ST.
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

50 NE 35TH ST.
OCALA, FL 34479

New Mailing Address:

FEI Number: 36-4511514 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In 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.
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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
Name: BELL, CLEVE
Address: 965 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33128

Title: S/T () Delete
Name: GLENN, JOHN
Address: 11655 HWY 441 SE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VP () Delete
Name: YARNOLD, CHRIS
Address: 2525 FIRST AVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MEM () Delete
Name: MCMAHON, JOHN
Address: P.O. BOX 270848
City-St-Zip: TAMPA, FL 33688

Title: PRES () Delete
Name: BERNIE, DECASTRO
Address: 50 NE 35TH ST
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date