


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90022 031 ****61.25

DOCUMENT # N02000006891

1. Entity Name
BY FAITH RESOURCES INC.



Principal Place of Business
**8017 W SAMPLE ROAD
 CORAL SPRINGS, FL 33065**

Mailing Address
**5301 EAGLE CAY COURT
 COCONUT CREEK, FL 33073**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06022008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
04-3720394

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PIERRE, EMMANUEL
 5301 EAGLE CAY COURT
 COCONUT CREEK, FL 33073**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 12, 2008**

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	P	<input type="checkbox"/> Delete
NAME	PIERRE, EMMANUEL	
STREET ADDRESS	5301 EAGLE CAY COURT	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIERRE, MICANE	
STREET ADDRESS	5301 EAGLE CAY COURT	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	T	<input type="checkbox"/> Delete
NAME	DESIR, LECLERT	
STREET ADDRESS	5331 S.W. FIRST STREET	
CITY-ST-ZIP	COCONUT CREEK, FL 33068	
TITLE	S	<input type="checkbox"/> Delete
NAME	VAL, ROSEMOND	
STREET ADDRESS	7521 N.W. 44 COURT, #1	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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STREET ADDRESS	
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-08 954-2426676
 Date Daytime Phone #