2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # N02000008948 04-27-2005 90352 020 ****61.25 1. Entity Name HOLLYWOOD FAITH CHRISTIAN CHURCH, INC. Principal Place of Business Mailing Address 7517 GARFIELD STREET 20049325 7517 GARFIELD STREET HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-NP CR2E037 (10/03) 4. FEI Number 32-0044205 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONIGLIO, JOHN A 4801 SOUTH UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) **DAVIE. FL 33328** City Zin Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition MANTAY, MANFRED 7517 GARFIELD ST. WOODLIN, JOHN M NAME NAME 7517 GARFIELD ST STREET ADDRESS STREET ADDRESS HOLLYWOOD, FC 33024 CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition BAVONE, BERNAY M NAME NAME 7517 GARFIELD ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WOODIN, SHARON A NAME NAME STREET ADDRESS 7517 GARFIELD ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-7IP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

FILED

Change

☐ Addition

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.

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