

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90013 033 \*\*\*\*61.25

**DOCUMENT #** 1. Entity Name  
*Christian Faith Ministry, Inc*



**DO NOT WRITE IN THIS SPACE**

**54008369**

**2. Principal Place of Business** **3. Mailing Address**  
*10069 N. Florida Ave.* *10069 N. Florida Ave.*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
*B-12* *B-12*  
City & State City & State  
*Tampa, Florida* *Tampa, Florida*  
Zip Country Zip Country  
*33612 Hillsboro* *33612 Hillsboro*

DO NOT WRITE IN THIS SPACE

**4. FEI Number** *Dec. 13, 2002* **Applied For**  
*43-1988943* ☒ **Not Applicable**

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

**7. Name and Address of Current Registered Agent**

**Name** *Valentin Augustin*  
**Street Address (P.O. Box Number is Not Acceptable)**

*8712 Busch Oaks St.*  
**City** *Tampa* **FL** **Zip Code** *33617*

**DO NOT WRITE  
IN THIS SPACE**

**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** *Valentin Augustin* **DATE** *02/02/04*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR** *LA*

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>Dominique JN. Almanord P</i> <i>13395 Key Largo Rd.</i> <i>Tampa, Florida 33612</i>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>Valentin Augustin - S</i> <i>8712 Busch Oaks St</i> <i>Tampa, Florida 33617</i>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>NESThana AUZURIN, T</i> <i>13906 North 20th Street</i> <i>Tampa, Fla 33613</i>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Valentin Augustin / Valentin Augustin* *02/02/04* *(813) 899-0373*

CR2E037B (12/02)