

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

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90073 021 ****61.25

DOCUMENT # *N 02000009400*

1. Entity Name

Christian Faith Ministry, Inc.



DO NOT WRITE IN THIS SPACE

40035176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10069 N. Florida Ave

B-12

Tampa, Florida

33612

Hillsb.

4. FEI Number

Applied For

Not Applicable

43-1988943

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

State

Zip Code

**DO NOT WRITE
IN THIS SPACE**

Valentin Augustini

8712 Busch Oaks St

Tampa

Florida

FL

33617

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 Augustini

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 NAME STREET ADDRESS CITY-ST-ZIP | <i>Eliphete Joseph, Pres. 10069 N. Florida Ave Tampa, Florida 33612</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Nesthara Azurin, Treas. 13906 N. 20th St Tampa, Fla 33613 Apt. A</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Arnold Menelas, Vice Pres. 11734 N. 15th St Tampa, Fla 33612 Apt. 9</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Valentin Augustini, Secretary 8712 Busch Oaks St Tampa, FL 33617 S.</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Sasifie Dillidone, Vice Treas. 13906 N. 20th St Tampa, Fla. 33613 Apt. A</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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 reports 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 Augustini

03/24/05

CR2E037B (12/02)