

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90115 013 ****61.25

DOCUMENT # N02000009600

1. Entity Name

CHRISTIAN FAITH MINISTRY, INC.



Principal Place of Business

10069 N FLORIDA AVE
B-12
TAMPA FL 33612

Mailing Address

10069 N FLORIDA AVE
B-12
TAMPA FL 33612

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10069 N Florida Ave

B-12

Tampa, Fla.

33612

Hillsb.

1st MOORE

CR2E037 (10/05)

4. FEI Number

43-1988943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGUSTIN, VALENTIN
8712 BUSCH OAKS ST
TAMPA FL 33617

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 ☒ Delete
NAME ALMANORD, DOMINIQUE J
STREET ADDRESS 13395 KEY LARGO RD
CITY-ST-ZIP TAMPA FL 33612

TITLE S ☐ Delete
NAME AUGUSTIN, VALENTIN
STREET ADDRESS 8712 BUSCH OAKS ST
CITY-ST-ZIP TAMPA FL 33617

TITLE T ☐ Delete
NAME AUZURINT, NESTHANA
STREET ADDRESS 13906 NORTH 20TH STREET
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Delete
NAME SASSIFIE Dieudonne
STREET ADDRESS 2225 E 131st Ave.
CITY-ST-ZIP Tampa, FL 33612

TITLE ☐ Delete
NAME Eliphete Joseph
STREET ADDRESS 1216 N. 130th St. Apt. B
CITY-ST-ZIP Tampa, FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Eliphete Joseph ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

Valentin Augustin

Date

Daytime Phone #

03-08-06