

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008630

FILED
Jun 01, 2006
Secretary of State

Entity Name: FAITHFUL FRIEND CENTER, INC.

Current Principal Place of Business:

1707 W 39 PL.
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1707 W 39 PL
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 20-0285541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEGOVIA, MARIA
8801 SW 41 ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PALMA, MARISOL
Address: 1707 W 39 PL
City-St-Zip: HIALEAH, FL 33012

Title: P () Delete
Name: SEGOVIA, MARIA
Address: 8801 SW 41 ST
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: WENTWORTH, PAMELA
Address: 6395 SW 32 ST
City-St-Zip: MIAMI, FL 33155

Title: V () Delete
Name: SEGOVIA, LUIS H JR.
Address: 1707 W 39 PL
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: SEGOVIA, ISMAEL
Address: 1707 W 39 PL
City-St-Zip: HIALEAH, FL 33012

Title: S () Delete
Name: BENITEZ, ANGEL
Address: 1707 W 39 PL
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA SEGOVIA

P

06/01/2006

Electronic Signature of Signing Officer or Director

Date