

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008656

FILED
Jan 10, 2005
Secretary of State

Entity Name: THE FAITH AND MIRACLE CENTER, LIFE IN THE BLOOD MINISTRIES INC.

Current Principal Place of Business:

10686 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

5347 N STATE ROAD 7
TAMARAC, FL 33319

Current Mailing Address:

10686 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 16-1682474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUKU, TAIWO
10686 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: P () Delete
Name: KUKU, TAIWO
Address: 10686 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: P () Delete
Name: KUKU, FOLASHADE
Address: 10686 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: O () Delete
Name: KUKU, OLA JUWON
Address: 10686 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O (X) Change () Addition
Name: EDIE, BASSEY
Address: 13772 NW 22ND PLACE
City-St-Zip: SUNRISE, FL 33323

Title: O () Change (X) Addition
Name: VAZQUEZ, GEORGE
Address: 2010 FILLMORE STREET#305
City-St-Zip: HOLLYWOOD, FL 33020

Title: O () Change (X) Addition
Name: PATRICIA, JONES
Address: 2540 NW 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAIWO KUKU

P

01/10/2005

Electronic Signature of Signing Officer or Director

_____ Date