


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009904</b>	
1. Entity Name <b>SOUTH FLORIDA FAITH CONFERENCE, INC.</b>	

Principal Place of Business <b>18801 W DIXIE HWY NORTH MIAMI BEACH, FL 33180</b>	Mailing Address <b>18801 W DIXIE HWY NORTH MIAMI BEACH, FL 33180</b>
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04262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2350076</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LAMB, CECIL  
9331 SW 7TH ST  
PEMBROKE PINES, FL 33025**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25  
Due by May 1, 2007

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

U00000757245  
05/23/07-80063-011 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMB, CECIL 9331 SW 7TH ST PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB-POPE, CAMELON 7740 PANAMA STREET MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, LINDA 20512 NW 33RD CT MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, CORVIN 20452 NW 44TH COURT MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, CAINON 9331 SW 7TH STREET MIAMI, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, LAJUANA L 18970 NW 27TH AVENUE MIAMI, FL 33056

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **04/27/07 (305) 935-5001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #