

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009904

FILED
Apr 17, 2009
Secretary of State

Entity Name: SOUTH FLORIDA FAITH CONFERENCE, INC.

Current Principal Place of Business:

18801 W DIXIE HWY
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

18801 W DIXIE HWY
NORTH MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 59-2350076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMB, CECIL
9331 SW 7TH ST
PEMBROKE PINES, FL 33025 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: LAMB, CECIL
Address: 9331 SW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: LAMB-POPE, CAMELON
Address: 7740 PANAMA STREET
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: KNOWLES, LINDA
Address: 20512 NW 33RD CT
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: LAMB, CORVIN
Address: 20452 NW 44TH COURT
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: LAMB, CAINON
Address: 9331 SW 7TH STREET
City-St-Zip: MIAMI, FL 33025

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:

I hereby certify that the information supplied with this filing does not qualify 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: CECIL LAMB

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date