

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010440

1. Entity Name
FAITHWAY FAMILY COMMUNITY CHURCH, INC.



Principal Place of Business
16899 SW 1ST MANOR
PEMBROKE PINES, FL 33027

Mailing Address
16899 SW 1ST MANOR
PEMBROKE PINES, FL 33027



01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0450794

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOPEZ, PAMELA S
16899 SW 1ST MANOR
PEMBROKE PINES, FL 33027

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALEZ, WILLIAM
STREET ADDRESS 10430 SW 56TH STREET
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE D/P
NAME CORDERO, RAUL G
STREET ADDRESS 1328 NW 157TH AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE DTS
NAME KONG, JEANETTE M
STREET ADDRESS 619 NW 156TH AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE D
NAME VANILLA, LEONARD M
STREET ADDRESS 10428 NW 3RD STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE D
NAME ROURKE, DANIEL
STREET ADDRESS 18240 NW 19TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 330293702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000434771
02/25/06 80015-009 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption Code #

1/29/06

954-432-2000