2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010440

FILED Feb 18, 2007 Secretary of State

Entity Name: FAITHWAY FAMILY COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 16899 SW 1ST MANOR 16899 SW 1ST MANOR PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 US **Current Mailing Address: New Mailing Address:** 16899 SW 1ST MANOR 16899 SW 1ST MANOR PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 US FEI Number: 20-0450794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPEZ, PAMELA S 16899 ŚW 1ST MANOR PEMBROKE PINES, FL 33027 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GONZALEZ, WILLIAM Name: Name: 10430 SW 56TH STREET Address: Address: City-St-Zip: COOPER CITY, FL 33328 US City-St-Zip: Title: Title: () Delete () Change () Addition CORDERO, RAUL G Name: Name: Address: 1328 NW 157TH AVE Address: City-St-Zip: PEMBROKE PINES, FL 33028 US City-St-Zip: Title: DTS () Delete Title: (X) Change () Addition KONG, JEANETTE M BERMUDEZ, JOSE Name: Name: 619 NW 156TH AVENUE Address: Address: 16360 NW 11 STREET City-St-Zip: PEMBROKE PINES, FL 33028 US City-St-Zip: PEMBROKE PINES, FL 33028 US Title: () Delete Title: (X) Change () Addition Name: VANELLA, LEONARD M Name: DUARTE, MIRTA 10428 NW 3RD STREET Address: Address: 16300 NW 12 STREET City-St-Zip: PEMBROKE PINES, FL 33026 US City-St-Zip: PEMBROKE PINES, FL 33028 US Title: () Delete Title: (X) Change () Addition ROURKE, DANIEL PRINGLE, JANINE Name: Name: 18240 NW 19TH STREET 1906 NW 137 TERR Address: Address: PEMBROKE PINES, FL 33028 US City-St-Zip: PEMBROKE PINES, FL 330293702 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: RAUL CORDERO D/P 02/18/2007