

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001951

Entity Name: FAITH NETWORK, INC.

FILED  
Jul 09, 2007  
Secretary of State

## Current Principal Place of Business:

21113 JOHNSON ST #101  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 822295  
PEMBROKE PINES, FL 33082

## New Mailing Address:

FEI Number: 45-0535872      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

ALLEN, DEBRA A DR.  
21113 JOHNSON ST #101  
PEMBROKE PINES, FL 33029      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:

Title: PD      ( ) Delete  
Name: ALLEN, DEBRA DR.  
Address: 890 NW 168 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D      ( ) Delete  
Name: BALL, TERRY PROPHET  
Address: 4951 NW 41 ST  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D      (X) Delete  
Name: KEVIN, WILLIAMS PASTOR  
Address: 1524 NE 147TH ST  
City-St-Zip: N. MIAMI, FL 33161

Title: D      ( ) Delete  
Name: LOMAX, CALVIN PASTOR  
Address: 1059 NW 119 ST  
City-St-Zip: NORTH MIAMI, FL 33168

## 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:

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: DR DEBRA A ALLEN

PD

07/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date