

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001951

Entity Name: FAITH NETWORK, INC.

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

540 NE 8TH STREET
FT LAUDERDALE, FL 33304

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 ()

Name and Address of Current Registered Agent:

ALLEN, DEBRA A DR.
540 NE 8TH STREET
PEMBROKE PINES, FL 33304 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: 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 () 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:

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

03/30/2009

Electronic Signature of Signing Officer or Director

Date