

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90078 014 ****61.25

DOCUMENT # N04000005137					
1. Entity Name FAMILY OF FAITH INC.					
Principal Place of Business 1904 FRUITRIDGE STREET BRANDON, FL 33510			Mailing Address 1904 FRUITRIDGE STREET BRANDON, FL 33510		
2. Principal Place of Business 936 A. South Howard		3. Mailing Address 1904 Fruitridge St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312005 Chg-NP CR2E037 (10/03)	
City & State Tampa FL		City & State Brandon, FL		4. FEI Number 02-0723372	
Zip 33606		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ECHEVARRIA, MITCHELL A. 1904 FRUITRIDGE STREET BRANDON, FL 33510			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE ECHEVARRIA, MITCHELL A 1904 FRUITRIDGE STREET BRANDON, FL 33510	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECHEVARRIA, MICHAEL A 130 LADY SUSAN CT CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMAN, RUTH 5520 GUNN HWY #1906 TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALDONADO, NORIS A 4121 E 97TH AVENUE TAMPA, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT VAZQUEZ, ADA 1904 FRUITRIDGE STREET BRANDON, FL 33510	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OJEDA, MARIA E 1904 FRUITRIDGE STREET BRANDON, FL 33510	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Mitchell A. Echevarria</i>			MITCHELL A. ECHEVARRIA MAR 31, 2005 (813) 263-2997		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		