

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005137

FILED
Apr 22, 2008
Secretary of State

Entity Name: FAMILY OF FAITH INC.

Current Principal Place of Business:

936 A SOUTH HONAS
TAMPA, FL 33606

New Principal Place of Business:

105 W. MARTIN LUTHER KING BLVD
TAMPA, FL 33603

Current Mailing Address:

1904 FRUITRIDGE STREET
BARNDON, FL 33510

New Mailing Address:

105 W. MARTIN LUTHER KING BLVD
TAMPA, FL 33603

FEI Number: 02-0723372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVARRIA, MITCHELL A
1904 FRUITRIDGE STREET
BRANDON, FL 33510 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: PRE () Delete
Name: ECHEVARRIA, MITCHELL A
Address: 1904 FRUITRIDGE STREET
City-St-Zip: BRANDON, FL 33510

Title: VP () Delete
Name: ECHEVARRIA, MICHAEL A
Address: 130 LADY SUSAN CT
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: ROMAN, RUTH
Address: 5520 GUNN HWY #1906
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: MALDONADO, NORIS A
Address: 4121 E 97TH AVENUE
City-St-Zip: TAMPA, FL 33617

Title: AT () Delete
Name: VAZQUEZ, ADA
Address: 1904 FRUITRIDGE STREET
City-St-Zip: BRANDON, FL 33510

Title: AS () Delete
Name: OJEDA, MARIA E
Address: 1904 FRUITRIDGE STREET
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MALAVE, AMARILIS
Address: 105 W. MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33603

Title: T (X) Change () Addition
Name: VILLEGAS, MARIA M
Address: 1904 FRUITRIDGE STREET
City-St-Zip: BRANDON, FL 33510

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: MITCHELL ECHEVARRIA

PRE

04/22/2008

Electronic Signature of Signing Officer or Director

Date