

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012075

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** FAITH HOPE AND LOVE MINISTRIES WITHOUT WALLS, INC.

**Current Principal Place of Business:**

PO BOX 16-3355  
MIAMI, FL 331163355

**New Principal Place of Business:**

11945 SW 122 CT  
MIAMI, FL 33186

**Current Mailing Address:**

PO BOX 16-3355  
MIAMI, FL 331163355

**New Mailing Address:**

**FEI Number:** 25-1906979      **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:**

EBANKS, LESLIE  
11944 SW 122 CT  
MIAMI, FL 33186      US

**Name and Address of New Registered Agent:**

EBANKS, LESLIE  
11945 SW 122 CT  
MIAMI, FL 33186      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: \_\_\_\_\_

05/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: EBANKS, LESLIE  
Address: 11944 SW 122 CT  
City-St-Zip: MIAMI, FL 33186

Title: VPD      ( ) Delete  
Name: EBANKS, JENNIFER  
Address: 11944 SW 122 CT  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: EBANKS, LESLIE  
Address: 11945 SW 122 CT  
City-St-Zip: MIAMI, FL 33186

Title: VPD      (X) Change ( ) Addition  
Name: EBANKS, JENNIFER  
Address: 11945 SW 122 CT  
City-St-Zip: MIAMI, FL 33186

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: LESLIE EBANKS

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date