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Jun 12, 2006 8:00 am
Secretary of State
05-01-2006 90425 015 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002488

1. Entity Name
FAITH, HOPE & CHARITY MINISTRIES INC

66018476

Principal Place of Business	Mailing Address
PO BOX 491312 LAUDERDALE LAKES, FL 33349	PO BOX 491312 LAUDERDALE LAKES, FL 33349

04242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
2831 Somerset Dr	PO Box 491312
Suite, Apt. #, etc.: B411	Suite, Apt. #, etc.: Lauderdale Lakes
City & State: Lauderdale Lakes FL	City & State: Florida
Zip: 33311 Country: Broward	Zip: 33349 Country: Broward

4. FEI Number 202795563 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL J MCGOEY CPA INC 639 EAST OCEAN AVE SUITE 101 BOYNTON BEACH, FL 33435	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: Veamalbraithwaite 6/5/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	Pastor Veama G. Braithwaite Apt B411 2831 Somerset Dr, Laud Lakes ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B411 ☐ Change ☐ Addition cable 3311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deaconess Christine Francis Apt 218 3790 Somerset Dr. Laud. Lakes Fl. 33311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deaconess Sandy Baxter 31 Beach LN Cedarhurst NY. 11727 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deaconess Jasheen Stidhum Apt 101 8320 Sherman Cir Miramar Fl. 33025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Evangelist Veronica Edwards Apt B411 2831 Somerset Dr Laud. Lakes. Fl 33311 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Apostle Mark Excel 58 Foothill Pl Hartley Heights NY 11798 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deaconess Virginia Lugo 10530 Sound Ave Mattituck NY 11952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Veamalbraithwaite 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #