

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007430

FILED
Jan 25, 2006
Secretary of State

Entity Name: LAKE FAITH PROFESSIONAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O MNH ENTERPRISES
1101 N MAITLAND AVE STE #2
MAITLAND, FL 32751

New Principal Place of Business:

260 LOOKOUT PLACE
SUITE # 201
MAITLAND, FL 32751

Current Mailing Address:

C/O MNH ENTERPRISES
1101 N MAITLAND AVE STE #2
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 54-2192105 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HILAL, TALAL E
1101 N MAITLAND AVE STE #2
MAITLAND, FL 32751 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: DP () Delete
Name: HILAL, TALAL E
Address: 160 N SPRINGS LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV () Delete
Name: HILAL, MICHAEL
Address: 160 N SPRINGS LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DST () Delete
Name: HILAL, NADIA
Address: 1101 N MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HILAL, TALAL E
Address: 1101 N MAITLAND AVE
City-St-Zip: MAITLAND, FL 32751

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

Title: DST (X) Change () Addition
Name: HILAL, NADIA
Address: 1101 N MAITLAND AVE , SUITE #2
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: NADIA HILAL

DST

01/25/2006

Electronic Signature of Signing Officer or Director

Date