

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23830** (5)
1. Corporation Name
FAITH COMMUNITY CHURCH OF MIAMI, INC.

Principal Place of Business Mailing Address
13824 S.W. 142ND AVENUE MIAMI FL 33186 **13824 S.W. 142ND AVENUE MIAMI FL 33186**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/11/1987** 3a. Date of Last Report **03/11/1994**

4. FEI Number **65-0032341** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SHENK, PERRY
12748 S.W. 61ST TERRACE
MIAMI FL 33183

10. Name and Address of New Registered Agent
B1 Name **SCULTHORPE, Craig**
B2 Street Address (P.O. Box Number is Not Acceptable) **12431 S.W. 106 Tenn.**
B3
B4 City **Miami** FL B5 Zip Code **33186**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Craig Sculthorpe* **Craig Sculthorpe** **4/27/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHENK, PERRY
STREET ADDRESS	12748 S.W. 61ST TERRACE
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	SCULTHORPE, CRAIG
STREET ADDRESS	12431 S.W. 106 TERR.
CITY, ST, ZIP	MIAMI FL
TITLE	STD
NAME	ZIRENA, JOSE
STREET ADDRESS	14250 SW 62ND ST #114
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Sculthorpe, Craig
13 STREET ADDRESS	12431 S.W. 106 Tenn.
14 CITY, ST, ZIP	Miami, FL 33186
21 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DeFavero, Edward
23 STREET ADDRESS	11019 S.W. 147 Ct.
24 CITY, ST, ZIP	Miami, FL 33196
31 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Vann, Frank
33 STREET ADDRESS	13360D S.W. 89 Tenn.
34 CITY, ST, ZIP	Miami, FL 33186
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Craig Sculthorpe* **Craig Sculthorpe** **4/27/95** **(305)253-7779**

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR