

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90284 025 ****70.00

DOCUMENT # N26028

1. Entity Name

**FAITH CATHEDRAL CHRISTIAN CENTER
INTERNATIONAL, INC.**



Principal Place of Business

**8835 64 AVE
WABASSO FL 32967**

Mailing Address

**P O BOX 1122
FELLSMERE FL 32948**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

same as above



MOORE

CR2E037 (11/03)

4. FEI Number

65-0288764

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCOMBS, KENNETH
1229 SCHUMANN DR
SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE PD
NAME MCCOMBS, KENNETH
STREET ADDRESS 1229 SCHUMANN DR.
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE CPD
NAME MCCOMBS, LE DORA
STREET ADDRESS 1229 SCHUMANN DR
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE AST
NAME MCCOMBS, SHAMEKA
STREET ADDRESS 1229 SCHUMANN DR.
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE ST
NAME MCCOMBS, KENYATTA
STREET ADDRESS 1229 SCHUMANN DR
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE D
NAME MCCOMBS, KENYATTA
STREET ADDRESS 1229 SCHUMANN DR.
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kenneth McCombs* **KENNETH McCombs**

4-27-04

772-589-7986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #