

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                               |                                                                                   |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N26028</b><br>1. Entity Name<br><b>FAITH CATHEDRAL CHRISTIAN CENTER<br/>INTERNATIONAL, INC.</b> |  |
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|------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br><b>8835 64 AVE<br/>WABASSO FL 32967</b> | Mailing Address<br><b>P O BOX 1122<br/>FELLSMERE FL 32948</b> |
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|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br><b>Same as above</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------|



1st MOORE CR2E037 (10/05)

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| 4. FEI Number<br><b>65-0288764</b>                        | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                                                      |

|                                                                                                                        |
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| 6. Name and Address of Current Registered Agent<br><b>MCCOMBS, KENNETH<br/>1229 SCHUMANN DR<br/>SEBASTIAN FL 32958</b> |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

|                                                        |                                                                                     |                                    |                                                              |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                       |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PD<br>MCCOMBS, KENNETH<br>1229 SCHUMANN DR<br>SEBASTIAN FL 32958 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | CPD<br>MCCOMBS, LE DORA<br>1229 SCHUMANN DR<br>SEBASTIAN FL 32958 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | AST<br>MCCOMBS, SHAMEKA<br>1229 SCHUMANN DR<br>SEBASTIAN FL 32958 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | ST<br>MCCOMBS, KENYATTA<br>1229 SCHUMANN DR<br>SEBASTIAN FL 32958 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>MCCOMBS, KENYATTA<br>1229 SCHUMANN DR<br>SEBASTIAN FL 32958 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>ALLEN, KIM<br>4730 40TH AVE # 38<br>VERO BEACH FL 32967 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 817, 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.

*Handwritten:* 777 509-7986