

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26028

FILED  
Apr 09, 2007  
Secretary of State

**Entity Name:** FAITH CATHEDRAL CHRISTIAN CENTER INTERNATIONAL, INC.

**Current Principal Place of Business:**

8835 64 AVE  
WABASSO, FL 32967

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1122  
FELLSMERE, FL 32948

**New Mailing Address:**

**FEI Number:** 65-0288764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCOMBS, KENNETH  
1229 SCHUMANN DR  
SEBASTIAN, FL 32958 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: PD ( ) Delete  
Name: MCCOMBS, KENNETH,  
Address: 1229 SCHUMANN DR.  
City-St-Zip: SEBASTIAN, FL 32958

Title: CPD ( ) Delete  
Name: MCCOMBS, LE DORA  
Address: 1229 SCHUMANN DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: AST ( ) Delete  
Name: MCCOMBS, SHAMEKA  
Address: 1229 SCHUMANN DR.  
City-St-Zip: SEBASTIAN, FL 32958

Title: STD ( ) Delete  
Name: MCCOMBS, KENYATTA  
Address: 1229 SCHUMANN DR  
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete  
Name: BIBBS, WILLIE  
Address: PO BOX 1208  
City-St-Zip: FELLSMERE, FL 32948

Title: D ( ) Delete  
Name: ALLEN, KIM  
Address: 4730 40TH AVE # 38  
City-St-Zip: VERO BEACH, FL 32967

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: KENNETH MCCOMBS

PD

04/09/2007

Electronic Signature of Signing Officer or Director

Date