2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # N26987** 1. Entity Name FAITH CHURCH OF FORT LAUDERDALE, INC. 01-21-2000 90128 041 ****70.00 Principal Place of Business Mailing Address 11948 N.W. 11 COURT 11948 N.W. 11 COURT CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-5059 2. Principal Place of Business 3. Mailing Address 480 **S**W. 9AUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. LAUDER City & State City & State 4. FEI Number Applied For 65-0055962 Not Applicable Zip Country 307 Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{Z} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --ALESSI, PAUL JR. 9864 NW 5TH COURT PLANTATION FL 33324 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD ☐ Change ☐ Addition TITLE TITLE ☐ Delete ALESSI, PAUL JR. NAME NAME n.W. 11 COURT SPRINGS, FI STREET ADDRESS STREET ADDRESS 1480 SW 9 AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE TITLE ☐ Defete ALESSI, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 10304 SW 87 COURT CITY-ST-ZIP CITY-ST-ZIP- -MIAMI, FL 33156 Change Addition SD ☐ Delete TITLE TITLE ALESSI, MARK P. NAME NAME STREET ADDRESS STREET ADDRESS 151 SW 134 WAY #201 N CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Defete ☐ Change ☐ Addition TITLE TITLE TD NAME FERKOVICH, MADELINE A. NAME STREET ADDRESS STREET ADDRESS 7919 NW 35TH PL CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE

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 attactment with an address, with all behalf ke empowered.

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

V/ ALESSI, JR //18/00

954 523-7575

☐ Change

Addition