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

## Jan 28, 2004 8:00 am **Secretary of State** DOCUMENT # N26987 1. Entity Name 01-28-2004 90016 001 \*\*\*\*61.25 FAITH CHURCH OF FORT LAUDERDALE, INC. 01-28-2004 90016 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address ิจ539 W. COMMERCIAL BLVD 11948 N.W. 11 COURT TOCUPEDO TAMARAC FL 33319 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 65-0055962 Not Applicable √ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 区 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALESSI, PAUL JR. Street Address (P.O. Box Number is Not Acceptable) 11948 NW 11 CT CORAL SPRINGS FL 33071 City Zip Code 8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent. gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 × 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITLE ☐ Change Addition ALESSI, PAUL JR. NAME NAME 11948 NW 11 CT STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP VD TITLE Change ☐ Addition TITLE ☐ Delete ALESSI, JOHN NAME NAME 10304 SW 87 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 CITY-ST-ZIP CITY-ST-ZIP SD Change ☐ Addition ☐ Delete TITLE 9269 N.W. 9 Court PLANTATION, FL. 33324 TITLE ALESSI, MARK P. - -NAME NAME 151 SW 134 WAY #201 N STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE FERKOVICH, MADELINE A. NAME NAME 7919 NW 35TH PL STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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of the corporation or the receiver or trustee or changed, or on an attachment with an address with all other like SIGNATURE