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

FILED DOCUMENT # N26987 Jan 27, 2006 08:00 AM 1. Entity Name **Secretary of State** FAITH CHURCH OF FORT LAUDERDALE, INC. Principal Place of Business Mailing Address 6539 W. COMMERCIAL BLVD TAMARAC FL 33319 11948 N.W. 11 COURT CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address ■ Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For 4. FEi Number City & State City & State 65-0055962 Not Applicat Country \$8.75 Additional Ζιρ Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALESSI, PAUL JR. Street Address (P.O. Box Number is Not Acceptable) 11948 NW 11 CT CORAL SPRINGS FL 33071 Zio Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acci-8. The above named entity submits this the obligations of registered ages (NOTE: Registered Agent signature required when remistating FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. U00000404085 Change PD Delete THE TITLE ALESSI, PAUL JR. NAME 02/06/06-80032-025 8.75 11948 NW 11 CT STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP City-St-ZiF U00000404089 Change Cha ☐ Atl. ٧D TITLE ☐ Delete TITLE ALESSI, JOHN NAME NAME 10304 SW 87 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 CITY-ST-ZIP CITY-ST-ZIP - Change ☐ Adr SD ☐ Delete TITLE TITLE NAME NAME ALESSI, MARK P. 9269 NORTHWEST 9 COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33324 CITY-ST-ZIP CITY-ST-7IP ☐ Change Delete THE ☐ Adic TITLE FERKOVICH, MADELINE A. NAME NAME STREET ADDRESS 7919 NW 35TH PL STREET ADDRESS CITY - ST - ZIP GAINESVILLE FL 32606 CITY-ST-ZIP ☐ Delete Title ☐ Change ☐ Ada TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRY-\$1-219 ☐ Ais: ☐ Delete TITLE ☐ Change TITLE MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 direct 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

empowered

if changed, or on ap

SIGNATURE