FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90155 012 ****61.25

| DOCUMENT # | N | 42 | 425 |
|------------|---|----|-----|
|------------|---|----|-----|

1. Corporation Name

FAITH IN CHRIST, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|
| | | | |

265 SW 27TH AVE FT.LAUDERDALE FL 33312

Mailing Address

265 SW 27TH AVE FT.LAUDERDALE FL 33312

US

|--|

| 2 Oringinal Di | ace of Business | 2a. Mailing Address | | | Date Incorporated or Qualifed |
|-----------------|--|-------------------------------------|-------------|---------------|--|
| - | ace of Donness | 26 | | | 03/11/1991 |
| Suite, Apt. | # ata | Suite, Apt. #, etc. | | | 4. FEI Number Applied For |
| | #, U .C. | 27 | | | 65-0256817 Not Applicabl |
| 22 City & State | | City & State - | | | \$8.75 Additional |
| 23 | The second secon | 28 | | | 5. Certificate of Status Desired Fee Required |
| Zip | Country | Zip | _ Country | | 6. Election Campaign Financing \$5.00 May Be |
| 24 | 25 | 29 30 | <u></u> | | Trust Fund Contribution Added to Fees |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered Agent |
| | | | 81 | Name | |
| MILLER, A | LBERT | | 82 | Street / | Address (P.O. Box Number is Not Acceptable) |
| 3460 NOR | THWET EIGHTH COURT | | | ļ | |
| FT. LAUDE | ERDALE FL 33311 | | 83 | | |
| | | | 84 | City | FL 85 Zip Code |
| office or n | to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | t Flonda. Such chande was auth | iorizea by | the corpo | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | Signature, typed or printed name of registered agent | | | | required when reinstating) DATE |
| 12. | OFFICERS AND | | 13. | , Jagan and A | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D OFFICERS ARE | X DELETE | 1.1 TITLE | | D K Change Additi |
| | _ | | 1.2 NAME | ľ | SHIRLEY NELSON |
| NAME | DAVIS, LILY | | | - +0000000 | |
| STREET ADDRESS | 904 SOUTHWEST 15 TERR. | | | ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 1.4 CITY-S | T-ZIP | |
| TITLE | D ' | ™ D€LETE | 2.1 TITLE | | |
| NAME | MARTIN, ALVIN | • | 2.2 NAME | | DONALD HYLTON |
| STREET ADDRESS | 100 NORTHWEST 30 AVE. | | 2.3 STREE | T ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 2. 4 CITY-5 | T-21P | MARGATE, FLORIDA 33063 |
| TITLE | 0 | DELETE | -9.4-TITLE= | | Change _ Addit |
| NAME | MILLER, IRENE | | 3.2 NAME | | |
| STREET ADDRESS | 3460 NORTHWEST EIGHTH CT | | 3.3 STREE | TADDRESS | , |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | 3.4. CITY-S | ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | _ | ☐ Change ☐ Addin |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREE | TADORESS | |
| | | ' | 4.4 CITY-S | | |
| CITY-ST-ZIP | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addit |
| | | | 5.2 NAME | | |
| NAME | } | ' | 1 | TADORESS | |
| STREET ADDRESS | | | 5.4 CITY-S | | |
| CITY-ST-ZIP | | □ oci cTr | 6.1 TITLE | 1-44 | Change Addit |
| TITLE | | ☐ DELETE | | | |
| NAME | • | | 6.2 NAME | ļ | |
| STREET ADDRESS | | | 6.3 STREE | TADDRESS | 8 |
| CITY-ST-ZIP | | | 6.4 CITY-S | | |
| 44 | are or other terms of the standard | Abia filing door not qualify for th | - avamet | ion states | ed in Section 119 07/3/ii). Florida Statutes, I further certify that the information |

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone