

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43473** (0)
1. Corporation Name
FAITH T.C.O.G.I.C., INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 57-1048
MIAMI FL 33257-1048
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0262609** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 **1070 S.W. 216 St. Bay 10** 27
City & State 28 City & State
23 **Miami FL** 28
Zip 25 Country Zip 30 Country
24 **33170** 25

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JONES, CHARLES L.
9900 SW 168 ST.
#9
MIAMI FL 33157

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALEXANDER, EDWARD, JR. 15841 SW 102 CT MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, ROBERT 10405 SW 149TH TERR. MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EPPS, JOSEPH 10441 SW 150 TERR MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALEXANDER, DELORIS 15841 SW 102 CT MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TICE, RHONAL S. 11741 SW 178 TERR MIAMI FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, VICTORIA 10405 SW 149 TERR MIAMI FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | P Alexander, Edward Jr. 15841 S.W. 102 Ct. MIAMI FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | V Alexander, Deloris 15841 S.W. 102 Ct. MIAMI FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | D Wilson, Willis L. 10110 S.W. 170 Terr. MIAMI FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | D LINSAY, GENOVA A. 10431 S.W. 165 Street MIAMI FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 the 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.

SIGNATURE: Edward Alexander Jr. 2-2-95 305
DATE: 2-2-95 295-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR