## **FILE NOW: FILING FEE IS \$61.25**

LINSAY, GENEVA A

MIAMI FL

10431 SW 165TH ST

NAME

STREET ADDRESS

CITY-\$1-2IP

## FILED Mar 18 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (0) FAITH T.C.O.G.I.C., INC. Principal Place of Business Mailing Address 10701 SW 216 ST POST OFFICE BOX 57-1048 3. Date Incorporated or Qualified RAY 10 MIAMI FL 33257-1048 05/20/1991 MIAMI FL 33170 FEI Number Applied For 65-0262609 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? P No ☐ Yes 28 Zıp Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip Personal Property Tax due June 30. 20 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, CHARLES L. 82 Street Address (P.O. Box Number is Not Acceptable) 9900 SW 168 ST. 83 40 MIAMI FL 33157 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 11 TITLE TITLE ALEXANDER, EDWARD, JR. 1.2 NAME NAME 15841 SW 102 CT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST-ZIP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE **BROWN, ROBERT** NAME 2.2 NAME 10405 SW 149TH TERR. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE EPPS, JOSEPH 3 2 NAME MALJE 10441 SW 150 TERR 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition Addition TITLE ALEXANDER, DELORIS 4. 2 NAME NAME 15841 SW 102 CT STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE WILSON, WILIS L NAME 52 NAME 10110 SW 170 TERR 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE Change

14. Thereby certify that the information supplied with this filling 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. 305-235-5560 SIGNATURE:

6.2 NAME

**6.3 STREET ADDRESS**