

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43473

FILED
Apr 30, 2007
Secretary of State

Entity Name: FAITH T.C.O.G.I.C., INC.

Current Principal Place of Business:

10701 SW 216 ST
BAY #10
MIAMI, FL 33170 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 57-1048
MIAMI, FL 332571048 US

New Mailing Address:

FEI Number: 65-0262609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TICE, RHONAL S DEACON
19640 S.W. 127 COURT
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: COOPER, DEBORAH SISTER
Address: 11625 PINKSTON DRIVE
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: TICE-DELANCY, YVETTA L SISTER
Address: 10265 S.W. 175 STREET
City-St-Zip: MIAMI, FL 33157

Title: VTD () Delete
Name: TICE, RHONAL S DEACON
Address: 19640 SW 127 CT
City-St-Zip: MIAMI, FL 33177

Title: PCD () Delete
Name: ALEXANDER, DELORIS F PASTOR
Address: 15841 SW 102 CT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: WILSON, WILLIS L MINISTE
Address: 10110 SW 170 TERR
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: BRINSON, CATHERINE MOTHER
Address: 15130 JACKSON STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRINSON, CATHERINE MOTHER
Address: 11260 BOOKER T WASHINGTON BLVD
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELORIS F ALEXANDER

PCD

04/30/2007

Electronic Signature of Signing Officer or Director

Date