

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43473

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

15841 SW 102 CT  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 57-1048  
MIAMI, FL 332571048 US

**New Mailing Address:**

15841 SW 102 CT  
MIAMI, FL 33157 US

**FEI Number:** 65-0262609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

**Title:** D  
**Name:** MERRELL, BRUCE BROTHER  
**Address:** 16601 SW 105 AVE  
**City-St-Zip:** MIAMI, FL 33157

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

I hereby 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 all other like empowered.

**SIGNATURE:** DELORIS F ALEXANDER

PCD

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date