

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90061 001 *****8.75
01-28-2008 90061 002 *****61.25

DOCUMENT # N48335			
1. Entity Name FAITH CHURCH MINISTRIES, INC.			
Principal Place of Business 11948 N.W. 11 COURT CORAL SPRINGS FL 33701		Mailing Address 11948 N.W. 11 COURT CORAL SPRINGS FL 33701	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ALESSI, PAUL JR 11948 NW 11 CT CORAL SPRINGS FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Paul Alessi Jr. President</i> FAITH CHURCH <i>Rev. Paul Alessi, Jr.</i> Jan 23, 2008 (NOTE: Registered Agent signature must be used when changing agent.)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			



1st MOORE CR2E037 (10/07)

4. FEI Number **65-0328829** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ALESSI, PAUL, JR 11948 NW 11 CT CORAL SPRINGS FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD ALESSI, MARK P. 9269 NW 9 COURT PLANTATION FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD FERKOVICH, MADELINE A. 7919 N.W. 35TH PLACE GAINESVILLE FL 32606 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Paul Alessi Jr. President* **Jan 23, 2008** 954-346-8200