


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000000539	
1. Entity Name	
THE CENTRAL FAITH MISSION MINISTRIES, INCORPORATED	

Principal Place of Business	Mailing Address
2501 NW 95TH ST. MIAMI FL 33147 US	1912 NW 87TH ST MIAMI FL 33147 US

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



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
65-0433914		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSBY, NELSON 1912 NW 87TH ST MIAMI FL 33147	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 _____ (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	NELSON, MOSBY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1912 NW 87TH STREET	MIAMI FL		
<input type="checkbox"/> Delete			
D	DEMPS, ANDERSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3570 N.W. 80TH TERRACE	MIAMI FL 33147		
<input type="checkbox"/> Delete			
S	JACKSON, EUGENIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2501 NW 95TH STREET	MIAMI FL 33147		
<input type="checkbox"/> Delete			
T	SMITH, ELAINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2501 NW 95TH STREET	MIAMI FL 33147		
<input type="checkbox"/> Delete			
D	NELSON, ROSA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2501 NW 95TH STREET	MIAMI FL 33147		
<input type="checkbox"/> Delete			
D	SNELL, ERIC	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4031 NW 199 ST	MIAMI FL 33055		
<input type="checkbox"/> Delete			

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: *Mosby Nelson* *Mosby Nelson*