FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002213 (6)

1. Corporation Name
FAITH FELLOWSHIP CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
% WILLIAM LOPEZ 13920 S.W. 14TH ST MIAMI FL 33184	% WILLIAM LOPEZ 13920 S.W. 14TH ST. MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0252482 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 P.O Box 1056	26 P O Box 1056
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Mayo, FL	City & State 28 Mayo, FL
Zip / County 24 32066 / 25 USA	Zip / County 29 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOPEZ, WILLIAM
13920 S.W. 14TH ST.
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name: LOPEZ William
82 Street Address (P.O. Box Number is Not Acceptable): S.R. 354 E
83:
84 City: Mayo FL 85 Zip Code: 32066

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 3-11-94
(Signature of new registered agent, if changing) (NOTE: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	LOPEZ, WILLIAM REV.	12 NAME	DLopez, William, REV
STREET ADDRESS	13920 S.W. 14TH ST.	13 STREET ADDRESS	PO Box 1056
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Mayo FL 32066 N/A
TITLE	TD	21 TITLE	☑ Change ☐ Addition
NAME	LOPEZ, MARTHA REV.	22 NAME	TLopez, Martha, REV
STREET ADDRESS	13920 S.W. 14TH ST.	23 STREET ADDRESS	P.O Box 1056
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Mayo FL 32066 N/A
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CRUZ, CLARIBEL	32 NAME	TCruz Claribel
STREET ADDRESS	3640 SW 129 AVE	33 STREET ADDRESS	3640 S.W 129ave
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Sweetwater FL 33175
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	800001547788
STREET ADDRESS		43 STREET ADDRESS	-07/27/95--01067--006
CITY-ST-ZIP		44 CITY-ST-ZIP	*****70.00 *****70.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	PERMITTED BY MAY 1
STREET ADDRESS	TS 7/27/95	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-11-94 (904) 294-3019
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0045115