

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002213

1. Corporation Name

Faith Fellowship Christian Church, Inc.

Principal Place of Business

Mailing Address

13920 SW 14 ST. Miami FL 33184

2. Principal Place of Business

2a. Mailing Address

21 same above

26 SAME ABOVE

3. Date Incorporated or Qualified

8/90

3a. Date of Last Report

7/27/95

4. FEI Number

65-025-2482

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

□ Yes

X No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William Lopez
13920 SW 14 ST.
Miami FL 33184

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0802 and 617.1509, 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 617.0803, Florida Statutes.

SIGNATURE X

Signature, typed or printed name of registered agent, and date of filing

(NOTE: Registered Agent signature required when terminating)

DATE

7/16/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAM REV. LOPEZ
STREET ADDRESS 13920 S.W. 14 ST.
CITY - ST - ZIP MIAMI, FL 33184

□ DELETE

TITLE T
NAME LOPEZ REV. MARTIN
STREET ADDRESS 13920 S.W. 14 ST
CITY - ST - ZIP MIAMI, FL 33184

□ DELETE

TITLE T
NAME CRUZ CARIBEL
STREET ADDRESS 3640 S.W. 129 AVE.
CITY - ST - ZIP MIAMI, FL 33175

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE □ Change □ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

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***70.00

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

(305) 227-4173

Daytime Phone #

CR2E037 (12/95)