

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 # **N95000001247 (4)**

1. Corporation Name

FAITH HOUSE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

9658 GLADES ROAD SUITE 134
BOCA RATON FL 33434

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BOCA RATON FL 33434

3. Date Incorporated or Qualified

3a. Date of Last Report

03/14/1995

3/14/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, MARYELLEN B
22511 SW 66 AVE APT B-111
BOCA RATON FL 33428

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Maryellen B Jones
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Board Member	<input checked="" type="checkbox"/> DELETE
NAME	Rev Dale Robbey D.Ed.	
STREET ADDRESS	RR # 2 Box 53	
CITY-ST-ZIP	Greenup, IL 62428	
TITLE	Board Member	<input checked="" type="checkbox"/> DELETE
NAME	the Very Rev. Jerome Robbins	
STREET ADDRESS	2216 EMITY	
CITY-ST-ZIP	ST LOUIS, MO. 63114-1834	
TITLE	Chairman	<input type="checkbox"/> DELETE
NAME	John F Jones	
STREET ADDRESS	22571 SW 66th Ave.	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	Board Member	<input type="checkbox"/> DELETE
NAME	Roberto Tuchman	
STREET ADDRESS	10167 NW 31st street	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	Exec Dir.	<input type="checkbox"/> DELETE
NAME	Maryellen Jones	
STREET ADDRESS	22511 SW 66th Ave	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	Board Member	<input type="checkbox"/> DELETE
NAME	Ted Wasserman	
STREET ADDRESS	21301 Powerline Rd	
CITY-ST-ZIP	Boca Raton FL 334	

1.1 TITLE	<input checked="" type="checkbox"/> Kathleen S. Burton RN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Board Member	
1.3 STREET ADDRESS	3640 Johnson Ave	
1.4 CITY-ST-ZIP	Riversdale, NY 10463	
2.1 TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alice Allen	
2.3 STREET ADDRESS	2280 Pineapple Pl.	
2.4 CITY-ST-ZIP	Merritt Island, FL 32952	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500001833885	
4.3 STREET ADDRESS	-05/22/96--01020--006	
4.4 CITY-ST-ZIP	***70.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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:

Maryellen B Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96
Date

407-852-1064
Daytime Phone #

CR2E037 (12/95)