

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: 9658 GLADES ROAD SUITE 134 BOCA RATON FL 33434
Mailing Address: 9658 GLADES ROAD SUITE 134 BOCA RATON FL 33434

3. Date Incorporated or Qualified: ~~03/14/1995~~
3a. Date of Last Report: 3/14/95
4. FEI Number: 65-0564157
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

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
85. Zip Code: FL

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* DATE: 3/20/96
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE: Board Member <input checked="" type="checkbox"/> DELETE	NAME: Rev Dale Robbey D.Ed.
STREET ADDRESS: RR # 2 Box 53	CITY-ST-ZIP: Greenup, Oh. 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: 2257150 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Kathleen S. Burton RN
1.2 NAME: Board Member	1.3 STREET ADDRESS: 3640 Johnson Ave
1.4 CITY-ST-ZIP: 7-6	1.4 CITY-ST-ZIP: Riverdale, NY 10463
2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Alice Allen
2.2 NAME: Board Member	2.3 STREET ADDRESS: 2280 Pineapple Pl.
2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.4 CITY-ST-ZIP: Merritt Island, FL 32952
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* DATE: 3/20/96 DAYTIME PHONE #: 407-852-1064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (12/95)