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Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

**9858 GLADES ROAD SUITE 134
BOCA RATON FL 33434**

**9858 GLADES ROAD SUITE 134
BOCA RATON FL 33434-3983**

3. Date Incorporated or Qualified
03/14/1995

3a. Date of Last Report
05/21/1996

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, MARYELLEN B
22511 SW 88 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BURTON, KATHLEEN S.**
STREET ADDRESS **3840 JOHNSON AVE.**
CITY-ST-ZIP **RIVERDALE NY 10463**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ALLEN, ALICE**
STREET ADDRESS **2280 PINEAPPLE PLACE**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **JONES, JOHN F.**
STREET ADDRESS **22511 SW 66TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33428**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **TUCHMAN, ROBERTO**
STREET ADDRESS **10167 NW 31ST STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TRUSTEE TUCHMAN, ROBERTO**
4.3 STREET ADDRESS **10167 NW 31ST STREET**
4.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☐ DELETE
NAME **JONES, MARYELLEN**
STREET ADDRESS **22511 SW 66TH AVE.**
CITY-ST-ZIP **BOCA RATON FL 33428**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WASSERMAN, TED**
STREET ADDRESS **21301 POWERLINE RD.**
CITY-ST-ZIP **BOCA RATON FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **TRUSTEE WASSERMAN, TED**
6.3 STREET ADDRESS **21301 POWERLINE RD**
6.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Maryellen B. Jones

9/10/97

576-852-1064

CR2E037 (9/96)