

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90034 014 \*\*\*\*61.25

**DOCUMENT # N95000002019**

1. Corporation Name

**FAITH REDEMPTION MINISTRY, INCORPORATED**

Principal Place of Business

**18184 NW 2ND AVE  
MIAMI FL 33169  
US**

Mailing Address

**19115 N.W. 12TH COURT  
MIAMI FL 33169**

82140-90034-14



2. Principal Place of Business

**21 Suite, Apt. #, etc.**

**22 City & State**

**23 Zip Country**

**4 25**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip Country**

**29 30**

3. Date Incorporated or Qualified

**04/26/1995**

4. FEI Number  
**65-0592159**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**CAMPBELL, EUSTACE  
19115 N.W. 12TH COURT  
MIAMI FL 33169**

10. Name and Address of New Registered Agent

**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

TITLE ☐ DELETE

**NAME  
PCD  
CAMPBELL, EUSTICE  
STREET ADDRESS  
19115 N.W. 12TH COURT  
CITY-ST-ZIP  
MIAMI FL 33169**

TITLE ☐ DELETE

**NAME  
VPD  
CAMPBELL, ADELLA  
STREET ADDRESS  
19115 N.W. 12TH COURT  
CITY-ST-ZIP  
MIAMI FL 33169**

TITLE ☐ DELETE

**NAME  
SD  
MONTGOMERY, SONIA  
STREET ADDRESS  
17510 N.W. 9TH PLACE  
CITY-ST-ZIP  
MIAMI FL 33169**

TITLE ☐ DELETE

**NAME  
TD  
ROACHE, PATRINA  
STREET ADDRESS  
1325 N.W. 125TH ST.  
CITY-ST-ZIP  
MIAMI FL 33167**

TITLE ☐ DELETE

**NAME  
D  
RUPERCIA, LAWRENCE  
STREET ADDRESS  
1848 NW 84TH ST.  
CITY-ST-ZIP  
MIAMI FL 33147**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/4/99**

**305 652 9325**

Date

Daytime Phone #

CR2E037 (11/98)