

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90046 038 ****61.25

DOCUMENT # N96000001576 1. Entity Name THE CHRISTIAN CHURCH BY FAITH MINISTRIES, INC.					
Principal Place of Business 1001 NW 6TH STREET POMPANO BEACH FL 33060 US			Mailing Address 1001 NW 6TH STREET POMPANO BEACH FL 33060 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0656892	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MOSS, BISHOP PETER F 4970 SW 7 STREET MARGATE FL 33068			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Peter F. Moss</i> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <i>Peter F. Moss</i> (NOTE: Registered agent signature required when reinstating.)		DATE 3-1-07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, PETER F 100 NW 6TH ST. POMPANO BEACH FL 33060	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Elites Dalger</i> 1001 NW 6th St Pompano Beach FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOSS, ANALIA F 100 NW 6TH ST. POMPANO BEACH FL 33060	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Joemel Celestin</i> 1001 NW 6th St Pompano Beach FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GETRO, DORVIL 100 NW 6TH ST. POMPANO BEACH FL 33060	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. HAROLD ROBERT</i> 1001 NW 6th St Pompano Beach FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEURIGENE, RAMNER 4970 SW 7 ST MARGATE FL 33068	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jules Jean Baptiste</i> 4970 SW 7th St MARGATE FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISSORT, JUSTIN 1001 NW 6 ST POMPANO BEACH FL 33060	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jean Robert Rosme</i> 1001 NW 6th St Pompano Beach FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D) Joseph Fleuridor</i> 1001 NW 6th St Pompano Beach FL 33060	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Peter F. Moss</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE: <i>PETER MOSS Director</i> Date		DATE: 3-1-07 954 274 4826 Daytime Phone #	