

FILE NOW: FILING FEE IS \$61.25

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Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morphy Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000003048 (3) 1. Corporation Name BY FAITH FELLOWSHIP MINISTRIES, INC.			
Principal Place of Business 9000 N.W. 28 DRIVE #1-202 CORAL SPRINGS FL 33065		Mailing Address 9000 N.W. 28 DRIVE #1-202 CORAL SPRINGS FL 33065	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 9194 27 Suite, Apt. #, etc. 28 Coral Springs, FL 29 Zip 30 USA	
3. Name and Address of Current Registered Agent PIERRE, MICANE 9000 N.W. 28 DRIVE #1-202 CORAL SPRINGS FL 33065		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 PD NAME PIERRE, EMMANUEL STREET ADDRESS 9000 N.W. 28 DRIVE #1-202 CITY-ST-ZIP CORAL SPRINGS FL 33065		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VTD NAME PIERRE, MICANE STREET ADDRESS 9000 N.W. 28 DRIVE #1-202 CITY-ST-ZIP CORAL SPRINGS FL 33065		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D NAME NAL, MERVL STREET ADDRESS 4103 RIVERSIDE DR #4 CITY-ST-ZIP CORAL SPRINGS FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



CR2E037 (10/97)

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.

SIGNATURE: EMMANUEL PIERRE 07-16-98