2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 07, 2006 8:00 am DOCUMENT # N96000005664#09-52375167 **Secretary of State** 1. Entity Name 08-52375/067 INDEPENDENT MISSION CHURCH OF GOD BETHEL BY 07-07-2006 90002 029 ****75.00 THE FAITH INTERNATIONAL, INC. Principal Place of Business Mailing Address 4856 NW 2 AVE 81 NE 53 ST MIAMI FL 33137 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address 1st MOORE CR2E037 (10/05) 4. FEI Number Applied For 65-0748950 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired <u>U·S·A</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCILUS, JEAN Street Address (P.O. Box Number is Not Acceptable) 81 NE 53 STREET **MIAMI FL 33137** City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ■ Addition MERCILUS, JEAN NAME NAME 81 NE 53 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-7P CITY-ST-ZIP TIME ☐ Delete ☐ Change TITLE Addition MOISE, LISA JEUDI NAME NAME P.O. BOX 370446 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33137 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME JEAN, VERTILE G NAME P.O. BOX 370446 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137 CITY-ST 7(P ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THTLE ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Charger 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

FILED