

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006905

1. Entity Name

FAITH TRIUMPHANT COMMUNITY DEVELOPMENT CORPORATI

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90162 028 ****70.00

Principal Place of Business

15841 SW 102 COURT
MIAMI FL 33157

Mailing Address

15841 SW 102 COURT
MIAMI FL 33157-1523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1576465

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, EDWARD JR
15841 SW 102 COURT
MIAMI FL 33157

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALEXANDER, EDWARD JR
STREET ADDRESS 15841 SW 102 COURT
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE D
NAME LINDSAY, GENEVA
STREET ADDRESS 10431 SW 165 ST
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE D
NAME ALEXANDER, DELORES F
STREET ADDRESS 10701 SW 216 ST #10
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE D
NAME MATHEWS, EMILY
STREET ADDRESS 12552 SW 259 TERR
CITY-ST-ZIP NARANJA FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JACKSON, Geneva A.
STREET ADDRESS 10431 S.W. 165 ST.
CITY-ST-ZIP MIAMI FL 33157 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:

Edward Alexander Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00 305-235-5560

CR2E037 (9/99)