

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000052

FILED
Apr 17, 2008
Secretary of State

Entity Name: CHRISTIAN FAITH FELLOWSHIP CHURCH OF NORTH DADE, INC.

Current Principal Place of Business:

16191 NW 57TH AVE
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

16191 NW 57TH AVE
MIAMI, FL 33014

New Mailing Address:

FEI Number: 65-0804116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREATIVE ASSET PROTECTION STRATEGIES, INC.
16191 NW 57TH AVE
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOUTHWELL, DAVID W
Address: 6330 LAKE CHAMPLAIN TERR
City-St-Zip: MIAMI LAKES, FL 33014

Title: VTD () Delete
Name: SOUTHWELL, SUSAN W
Address: 6330 LAKE CHAMPLAIN TERR
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD () Delete
Name: MEAD, PATRICIA A
Address: 20850 SAN SIMEON WAY
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: D () Delete
Name: BROWN, MAURICE A
Address: 16191 NW 57TH AVE
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W SOUTHWELL

PD

04/17/2008

Electronic Signature of Signing Officer or Director

Date