

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE FOR RESTATEMENT: \$236.25)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000003719

1. Corporation Name

CHRIST FAITHFUL COMMUNITY CHURCH, INC.

Principal Place of Business

6281 SW 156TH CT  
MIAMI FL 33193

Mailing Address

6281 SW 156TH CT  
MIAMI FL 33193

04-28-2000 90069 043 \*\*\*\*61.25

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

09-00

05-06-99 90071 029 \$70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/24/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0886109	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

VEREBAY, LAYNE ESQ.  
190 NE 199TH ST, STE 204  
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name PATRICK ADELEKE  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 6281 SW 156 CT  
84 City MIAMI FL 85 Zip Code 33193

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	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Patrick Adeleke
STREET ADDRESS		1.3 STREET ADDRESS	6281 SW 156 CT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI 33193
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V. President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Mary Adeleke
STREET ADDRESS		2.3 STREET ADDRESS	6281 SW 156 CT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI 33193
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Jack Adeleke
STREET ADDRESS		3.3 STREET ADDRESS	15031 SW 67 Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI 33193
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Financial Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Sonic Otero
STREET ADDRESS		4.3 STREET ADDRESS	9501 SW 45 Terr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI 33191
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED PATRICK ADELEKE 4/18/00

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