


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 707890 (0) 1. Corporation Name Church of God by Faith			
Principal Place of Business 3220 Haines Street Jacksonville, FL 32206		Mailing Address P. O. Box 3746 Jacksonville, FL 32206	
2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 09/29/1964		3a. Date of Last Report 03/96	
4. FEI Number 59-1631564		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent McKnight, Horace II 1404 S.E. 13th Avenue Gainesville, FL ) 32601		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 H. A. McKnight Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE P NAME McKnight, James E. STREET ADDRESS 7121 NE 26th Place CITY- ST- ZIP Gainesville, FL 32609 TITLE S NAME Matthews, George STREET ADDRESS 8834 Camphor Drive CITY- ST- ZIP Jacksonville, FL 32208 TITLE D NAME Brown, Theodore STREET ADDRESS 93 Girard Place CITY- ST- ZIP Newark, NJ 07108 TITLE Robinson, John NAME STREET ADDRESS 300 Essex Drive CITY- ST- ZIP Ft. Pierce, FL TITLE D NAME Rourk, David C. STREET ADDRESS 207 Chestnut Hill Drive CITY- ST- ZIP Rochester, NY TITLE NAME STREET ADDRESS CITY- ST- ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	
14. I do 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: James E. McKnight, President James E. McKnight 3/10/97 352-3763366 Signature and typed or printed name of signing officer or director Date Daytime Phone #			

CR2E037 (9/96)