

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**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**

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:       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

22 Suite Apt #, etc.      27 Suite, Apt #, etc.

23 City & State      28 City & State

24 Zip      25 Country      29 Zip      30 Country

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      85 Zip Code **FL**

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**      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>McKnight, James E.</b>
STREET ADDRESS	<b>7121 NE 26th Place</b>
CITY-ST-ZIP	<b>Gainesville, FL 32609</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>Matthews, George</b>
STREET ADDRESS	<b>8834 Camphor Drive</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32208</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Brown, Theodore</b>
STREET ADDRESS	<b>93 Girard Place</b>
CITY-ST-ZIP	<b>Newark, NJ 07108</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Robinson, John</b>
STREET ADDRESS	<b>300 Essex Drive</b>
CITY-ST-ZIP	<b>Ft. Pierce, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Rourk, David C.</b>
STREET ADDRESS	<b>207 Chestnut Hill Drive</b>
CITY-ST-ZIP	<b>Rochester, NY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>600002138126</b>
6.3 STREET ADDRESS	<b>-04/09/97--01028--019</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

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)