

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90012 014 \*\*\*\*61.95

**DOCUMENT #** 765025  
 1. Corporation Name  
 Faith World Inc

Principal Place of Business: 1355 Rainville Rd, Tarpon Springs, Florida 34689  
 Mailing Address: P.O. Box 125, Tarpon Springs, FL 34688

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)  
 3. Date Incorporated or Qualified: Sept 1982  
 4. FEI Number: 59-221-5819 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

9. Name and Address of Current Registered Agent: RuthAnne Gale, PO Box 125, 1814 Mariner Drive # 101, Tarpon Springs, FL 34688  
 10. Name and Address of New Registered Agent: (81) Name, (82) Street Address, (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: 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: President	NAME: Leslie Hale	1.1 TITLE	Change Addition
STREET ADDRESS: 1310 Riverview drive	CITY-ST-ZIP: Tarpon Springs FL 34688	1.2 NAME	
TITLE: Secretary	NAME: maureen hale	1.3 STREET ADDRESS	Change Addition
STREET ADDRESS: 1310 Riverview dr	CITY-ST-ZIP: Tarpon Springs FL 34688	1.4 CITY-ST-ZIP	
TITLE: RuthAnne Gale	NAME: RuthAnne Gale	2.1 TITLE	Change Addition
STREET ADDRESS: 1814 mariner drive # 101	CITY-ST-ZIP: Tarpon Springs FL 34688	2.2 NAME	
TITLE:	NAME:	2.3 STREET ADDRESS	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP	
TITLE:	NAME:	3.1 TITLE	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME	
TITLE:	NAME:	3.3 STREET ADDRESS	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP	
TITLE:	NAME:	4.1 TITLE	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
TITLE:	NAME:	4.3 STREET ADDRESS	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP	
TITLE:	NAME:	5.1 TITLE	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE:	NAME:	6.1 TITLE	Change Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE:	NAME:	6.3 STREET ADDRESS	Change Addition
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: RuthAnne Gale, RuthAnne Hale (727) 938-0112

CR2E037 (1/98)