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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 765410

1. Corporation Name

GROWTH IN FAITH, INC.

Principal Place of Business

8591 141ST ST N 6475 Shoreline Dr.  
SEMINOLE FL 33776 #5406  
US St. Petersburg,  
FL 33708

Mailing Address

P.O. BOX 8076  
SEMINOLE FL 33775  
US



2. Principal Place of Business

21 6475 Shoreline Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 #5406

27 City & State

23 St Petersburg, FL

28 City & State

24 Zip 33708 25 Country Pinellas

29 Zip 30 Country

3. Date Incorporated or Qualified

10/14/1982

4. FEI Number

59-2224752

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

THOMAS, PEGGY  
8591 141 STREET NO  
SEMINOLE FL 33776

10. Name and Address of New Registered Agent

81 Name Peggy Thomas

82 Street Address (P.O. Box Number is Not Acceptable)  
6475 Shoreline Dr #5406

83

84 City St. Petersburg

FL

85 Zip Code 33708

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

Peggy Thomas

Peggy Thomas

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAROLYN REYNOLDS  
STREET ADDRESS 7335 SAWGRASS PT DR  
CITY-ST-ZIP PINELLAS PARK FL 33782

DELETE

TITLE VD  
NAME BURG, BILLIE  
STREET ADDRESS 9009 BAYWOOD PARK DRIVE  
CITY-ST-ZIP SEMINOLE FL 33777

DELETE

TITLE STD  
NAME PEGGY THOMAS  
STREET ADDRESS 8591 141 ST N.  
CITY-ST-ZIP SEMINOLE FL 33776

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 REQUIRED  
Peggy Thomas

4/27/99

727

392-8656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)