

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08827 (0)**

1. Corporation Name

**FAITH HOPE AND LOVE CHURCH OF GOD, INC.**



Principal Place of Business: **2050 W. 40TH ST. JACKSONVILLE FL 32209**  
Mailing Address: **2050 W. 40TH ST. JACKSONVILLE FL 32209**

3. Date Incorporated or Qualified: **04/19/1985**  
3a. Date of Last Report: **04/12/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2539601</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
	Zip		Zip		<input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	Country	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STOKES, MARY L.  
2050 W. 40TH ST.  
JACKSONVILLE FL 32209**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STOKES, MARY L. 2050 W. 40TH ST. JACKSONVILLE FL 32209	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP PONDS, PORTIA B. 712 ELM STREET SAFETY HARBOR FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD STOKES, HERBERT JR. 4032 KATANGE DR. SO. JACKSONVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD CLEMONS, MARY A. 2690 DREW ST. #310 CLEARWATER FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **MARY L. STOKES** *Mary L. Stokes* **2/26/96** (904) 768-5974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)