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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08827
1. Corporation Name

FAITH, HOPE AND LOVE CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
1871 DOUGLAS AVENUE SUITE E CLEARWATER, FLORIDA 33755	c/o MARY L. STOKES 2050 WEST 40th STREET JACKSONVILLE, FLORIDA 32209

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	APRIL 19, 1985
4. FEI Number	59-2539601
Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MARY L. STOKES
2050 WEST 40th STREET
JACKSONVILLE, FLORIDA 32209

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

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 re-instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY L. STOKES	1.2 NAME	
STREET ADDRESS	2050 WEST 40th STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32209	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTIA PONDS	2.2 NAME	
STREET ADDRESS	6440 NESBRAKA AVENUE #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FLORIDA 34653	2.4 CITY-ST-ZIP	
TITLE	TRUSTEE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBERT STOKES, JR.	3.2 NAME	000002540070
STREET ADDRESS	4032 KATANGA DRIVE SOUTH	3.3 STREET ADDRESS	-05/29/98--01004--027
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32209	3.4 CITY-ST-ZIP	***75.00
TITLE	TRUSTEE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKIE CLEMONS	4.2 NAME	TRUSTEE VERA CLEMONS
STREET ADDRESS	1000 APPLEWOOD	4.3 STREET ADDRESS	3034 CHESAPEAKE STREET
CITY-ST-ZIP	CLEARWATER, FLORIDA 33759	4.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 33759
TITLE	SECRETARY <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY A. CLEMONS	5.2 NAME	SECRETARY LORETTA WATSON
STREET ADDRESS	805 NORTH GARDEN AVENUE	5.3 STREET ADDRESS	1165 7th STREET NORTH
CITY-ST-ZIP	CLEARWATER, FLORIDA 33755	5.4 CITY-ST-ZIP	SAFETY HARBOR, FLORIDA 34695
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TRUSTEE GLADYS MAE MOODY
STREET ADDRESS		6.3 STREET ADDRESS	706 PENNSYLVANIA AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 33755

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.

SIGNATURE: *Mary L. Stokes* 4/24/98 904 76 859774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)