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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N08827

1. Corporation Name

FAITH HOPE AND LOVE CHURCH OF GOD, INC.

* 3 4 2 1 5 9 *



Principal Place of Business

1871 DOUGLAS AVE
 SUITE E
 CLEARWATER FL 33755

Mailing Address

C/O MARY L. STOKES
 2050 W 40TH STREET
 JACKSONVILLE FL 32209

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/19/1985

4. FEI Number

59-2539601

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME STOKES, MARY L.
 STREET ADDRESS 2050 W. 40TH ST.
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE VP DELETE

NAME PONDS, PORTIA
 STREET ADDRESS 6440 NEBRASKA AVE., #4
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE T DELETE

NAME STOKES, HERBERT JR.
 STREET ADDRESS 4032 KATANGA DR. SO.
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE T DELETE

NAME CLEMONS, VERA
 STREET ADDRESS 3034 CHESAPEAKE STREET
 CITY-ST-ZIP CLEARWATER FL 33759

TITLE S DELETE

NAME WATSON, LORETTA
 STREET ADDRESS 1165 7TH STREET NORTH
 CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE T DELETE

NAME MOODY, GLADYS MAE
 STREET ADDRESS 706 PENNSYLVANIA AVE
 CITY-ST-ZIP CLEARWATER FL 33755

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:

Mary L. Stokes SIGNATURE REQUIRED

4-12-99

904 76 85974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)