

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90018 044 \*\*\*\*75.00



**DOCUMENT # N08827**  
 1. Entity Name  
**FAITH HOPE AND LOVE CHURCH OF GOD, INC.**

Principal Place of Business  
 2936 TANGLEWOOD DR S  
 CLEARWATER FL 33799

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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

4. FEI Number  
**59-2539601**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
 STOKES, MARY L.  
 2050 W. 40TH ST.  
 JACKSONVILLE FL 32209

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOKES, MARY L. 2050 W. 40TH ST. JACKSONVILLE FL 32209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PONDS, PORTIA 1438 KINGSHIGHWAY CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXON, FREDA S 1265 TURNER ST CLEARWATER FL 33756	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEMONS, VERA 3034 CHESAPEAKE STREET CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, LORETTA 1165 7TH STREET NORTH SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOODY, GLADYS MAE 706 PENNSYLVANIA AVE CLEARWATER FL 33755	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hillmon, Eddie 1165 7th Street North Safety Harbor, Florida 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Clemons, Mary A. 805 North Garden Avenue Clearwater, Florida 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Mary L. Stokes* Pres. Mary L. Stokes 3/26/04 (904) 768-5974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #