

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 # **N18608** (2)

1. Corporation Name

FAITH CHRISTIAN CENTER & EVER INCREASING GRACE MINISTRIES, INC.



Principal Place of Business

Mailing Address

11101 S.W. 176TH STREET
P.O. BOX 570214
MIAMI FL 33157

11101 S.W. 176TH STREET
P.O. BOX 570214
MIAMI FL 33157

3. Date Incorporated or Qualified **01/05/1987** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2772136		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, WINSTON W.
11101 SW 176TH STREET
MIAMI FL 33157**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, WINSTON W.	12 NAME	DENNIS N. HILLIMAN
STREET ADDRESS	16530 SW 103 PL	13 STREET ADDRESS	11101 SW 176 STREET
CITY-ST-ZIP	MIAMI FL 33157	14 CITY-ST-ZIP	MIAMI, FL. 33157
TITLE	V/D <input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, CISLIN	22 NAME	ARTHNEL TUCKER
STREET ADDRESS	16530 SW 103 PL	23 STREET ADDRESS	10761 SW 150 TERRACE
CITY-ST-ZIP	MIAMI FL 33157	24 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE, MARY ANN	32 NAME	JAMES SUTTON
STREET ADDRESS	10520 SW 149 TERRACE	33 STREET ADDRESS	15130 SW 89 AVENUE
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	S/D <input type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, BARBARA	42 NAME	MICHAEL CAFARO
STREET ADDRESS	16111 SW 109TH AVENUE	43 STREET ADDRESS	633 N. KROME AVENUE
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	V/D <input type="checkbox"/> DELETE	51 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYBURN, LESLIE	52 NAME	CLABON LESLIE
STREET ADDRESS	10520 SW 149 TERRACE	53 STREET ADDRESS	10520 SW 149 TERRACE
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Nelson
BARBARA NELSON, SECRETARY

3/6/96

Date:

305 251-6828

Daytime Phone #

CR2E037 (12/95)