

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

**FILED**

**Feb 24 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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**

3. Date Incorporated or Qualified **01/05/1987** 3a. Date of Last Report **03/11/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2772136** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip 25 Country 29 Zip 30 Country

**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 reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, WINSTON W.</b>	
STREET ADDRESS	<b>16530 SW 103 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, CISLIN</b>	
STREET ADDRESS	<b>16530 SW 103 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LESLIE, MARY ANN</b>	
STREET ADDRESS	<b>10520 SW 149 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSON, BARBARA</b>	
STREET ADDRESS	<b>16111 SW 109TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLABON, LESLIE</b>	
STREET ADDRESS	<b>10520 SW 149 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HILLIMAN, DENNIS N.</b>	
STREET ADDRESS	<b>11101 SW 176 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CAFARO, Michael</b>	
1.3 STREET ADDRESS	<b>100 NE 15 ST, Suite 103C</b>	
1.4 CITY-ST-ZIP	<b>Homestead, FL 33030</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SUTTON, James</b>	
2.3 STREET ADDRESS	<b>15130 SW 89 Ave.</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>TUCKER, Arthnel</b>	
3.3 STREET ADDRESS	<b>10761 SW 150 Ter.</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: [Signature] WILLIAMS 2/17/97 (305) 251-6828**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Baytime Phone # 0031233

CR2E037 (9/96)