

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -3 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N27728 (7)
1. Corporation Name
FLORIDA FAITH FORUM, INC.

Principal Place of Business Mailing Address
8905 MCRAE RD TAMPA FL 33637-8905 **8905 MCRAE RD TAMPA FL 33637-8905**

2. Principal Place of Business 2a. Mailing Address
21 4119 Gunn Highway 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 # 28 27
City & State City & State
23 Tampa, Fl 28
Zip Country Zip Country
24 33624 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **08/03/1988** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-2909940** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JOHNSON, W. WOODLAND, JR.
8905 MCRAE RD
TAMPA FL 33637

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2423 Forrest Crest Circle
83
84 City Lutz FL 85 Zip Code 33549

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, W. WOODLAND, JR	1.2 NAME	
STREET ADDRESS	3705 GREENERY CT, #105	1.3 STREET ADDRESS	2423 Forrest Crest Circle
CITY- ST - ZIP	TAMPA FL	1.4 CITY- ST - ZIP	Lutz, Fl 33549
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, JOHN A., JR.	2.2 NAME	800001448898
STREET ADDRESS	10025 ORANGE GROVE DR.	2.3 STREET ADDRESS	-04/06/95--01020--028
CITY- ST - ZIP	TAMPA FL	2.4 CITY- ST - ZIP	*****61.25 *****61.25
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIPPER, STANLEY J., SR.	3.2 NAME	T.S. 4/3/95
STREET ADDRESS	211 W. BROREIN ST.	3.3 STREET ADDRESS	
CITY- ST - ZIP	TAMPA FL	3.4 CITY- ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACGREGOR, DUNCAN S.	4.2 NAME	
STREET ADDRESS	1485 KLOSTERMAN RD.	4.3 STREET ADDRESS	
CITY- ST - ZIP	TARPOON SPRINGS FL	4.4 CITY- ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST - ZIP		5.4 CITY- ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST - ZIP		6.4 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Woodland Johnson, Jr. FEB 28, 1995 (113) 940-3496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Year