

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business  
**4119 GUNN HIGHWAY #28 TAMPA FL 33624**

Mailing Address  
**8905 MCRAE RD TAMPA FL 33637-8905**

3. Date Incorporated or Qualified **08/03/1988**      3a. Date of Last Report **04/03/1995**

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

4. FEI Number **59-2909940**      Applied For  Not Applicable

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

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

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.  
2423 FORREST CREST CIRCLE  
LUTZ FL 33549**

**10. Name and Address of New Registered Agent**

81 Name **Linda Swanick**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1420 89th Ave. N.**

83

84 City **St. Pete**      FL      85 Zip Code **33702**

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 *Linda J. Swanick*

DATE **2/10/96**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, W. WOODLAND, JR</b>	
STREET ADDRESS	<b>2423 FORREST CREST CIRCLE</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRANT, JOHN A., JR.</b>	
STREET ADDRESS	<b>10025 ORANGE GROVE DR.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SKIPPER, STANLEY J., SR.</b>	
STREET ADDRESS	<b>211 W. BROREIN ST.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MACGREGOR, DUNCAN S.</b>	
STREET ADDRESS	<b>1485 KLOSTERMAN RD.</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Swanick, Linda</b>		
2.3 STREET ADDRESS	<b>1420 89th Ave. N.</b>		
2.4 CITY-ST-ZIP	<b>St. Pete, FL 33702</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(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: *W.W. Johnson, Jr*      **W.W. JOHNSON, JR**      PRESIDENT

DATE **2/10/96** (617) 950-3496      Daytime Phone #

CR2E037 (12/95)