

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 21 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 # 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 33637-1905
--	---

3. Date Incorporated or Qualified 08/03/1988	3a. Date of Last Report 02/26/1996
--	--

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

4. FEI Number 59-2909940	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SWANICK, LINDA
1420 89TH AVENUE NORTH
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81. Name Swanick, Linda
82. Street Address (P.O. Box Number is Not Acceptable) 10324 Gulf Blvd.
83. City Treasure Island FL
84. Zip Code 33706

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, W. WOODLAND, JR	
STREET ADDRESS	2423 FORREST CREST CIRCLE	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWANICK, LINDA	
STREET ADDRESS	1420 89TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SKIPPER, STANLEY J., SR.	
STREET ADDRESS	211 W. BROREIN ST.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACGREGOR, DUNCAN S.	
STREET ADDRESS	1485 KLOSTERMAN RD.	
CITY - ST - ZIP	TARPOON SPRINGS FL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10324 Gulf Blvd.
2.4 CITY - ST - ZIP	Treasure Island, FL 33706
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2009 DeLeon, Apt. A
3.4 CITY - ST - ZIP	Tampa, FL 33606
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1988 MacGregor Rd.
4.4 CITY - ST - ZIP	Tarpon Springs, FL 34689
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secretary (S)
5.3 STREET ADDRESS	444, Lurrah G.
5.4 CITY - ST - ZIP	3532 E. Lake Dr. Lowd O' Lakes, FL 34639
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: _____ DATE: **3/17/97** (813) 980-3496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0049026

CR2E037 (9/96)