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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/03/1988		
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 Country
24	29
25	30

9. Name and Address of Current Registered Agent

SWANICK, LINDA
10324 GULF BLVD
TREASURE ISLAND FL 37706

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
105 S. O'Brien St. Apt. 114
83
84 City **Tampa** **FL** 85 Zip Code **33609**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	10324 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SKIPPER, STANLEY J., SR.	
STREET ADDRESS	2007 DELEON, APT A	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACGREGOR, DUNCAN S.	
STREET ADDRESS	1988 MACGREGOR RD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	UTT, LLURAH G	
STREET ADDRESS	3532 E. LAKE DR	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	22235 Carson Dr.
1.4 CITY-ST-ZIP	Land O'Lakes, FL 34639
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	105 S. O'Brien St. Apt. 114
2.4 CITY-ST-ZIP	Tampa, FL 33609
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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]* **W. WOODLAND, JR** **PRESIDENT** **JAN 20, 1998** (813) 980-3496

CR2E037 (10/97)