

FILE NOW: FILING FEE IS \$61.25

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**Feb 15, 1999 8:00 am**  
**Secretary of State**

02-15-1999 90010 034 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N27728**

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



|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>08/03/1988</b>   |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2909940</b>   |  |
| 22                             | City & State        | 27                  | City & State        | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 23                             | Zip                 | 28                  | Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |  |
| 24                             | Country             | 29                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |

9. Name and Address of Current Registered Agent  
**SWANICK, LINDA**  
**105 S OBRIEN ST APT 114**  
**TAMPA FL 33609**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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 \_\_\_\_\_ 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 <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNSON, W. WOODLAND, JR           | 1.2 NAME  |   |
| STREET ADDRESS             | 22235 CARSON DR                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAND O LAKES FL 34639              | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SWANICK, LINDA                     | 2.2 NAME  |   |
| STREET ADDRESS             | 105 S O BRIEN ST APT 114           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TAMPA FL 33609                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SKIPPER, STANLEY J., SR.           | 3.2 NAME  |   |
| STREET ADDRESS             | 2007 DELEON, APT A                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TAMPA FL                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MACGREGOR, DUNCAN S.               | 4.2 NAME  |   |
| STREET ADDRESS             | 1988 MACGREGOR RD                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TARPOON SPRINGS FL                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | UTT, LLURAH G                      | 5.2 NAME  |   |
| STREET ADDRESS             | 3532 E. LAKE DR                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAND O'LAKES FL                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 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 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, with all other like empowered.

**SIGNATURE:** *SIGNATURE REQUIRED* **G. UTT** 1/26/99 813 980-3496  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)