

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 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 # N30043 (6)

1. Corporation Name

THE SALVATION AND PRAISE TEMPLE OF FAITH, INC.

Principal Place of Business

Mailing Address

252 NE 29 ST.
C/O JOHNNY L. ZANDERS
POMPANO BEACH FL 33064

252 NE 29 ST.
C/O JOHNNY L. ZANDERS
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1989

3a. Date of Last Report

02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 10315 NW 39th Manor

22 City & State

27 c/o Johnny L. Zanders

23 Zip

28 Coral Springs FL

24 Country

29 33065 30 Broward

4. FEI Number

65-0114888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZANDERS, JOHNNY L.
1620 NW FIRST WAY
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name Zanders, Johnny L.
82 Street Address (P.O. Box Number is Not Acceptable)
10315 NW 39th Manor
83
84 City Coral Springs FL 85 Zip Code 33065

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME ZANDERS, JOHNNY L.
STREET ADDRESS 1620 NW FIRST WAY
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☒ DELETE
NAME ZANDERS, HAZEL KIRKLAND
STREET ADDRESS 1620 NW FIRST WAY
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE
NAME JOHNSON, LONNIE
STREET ADDRESS 2643 NW 8TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE
NAME JOHNSON, SUSIE
STREET ADDRESS 2643 NW 8TH STREET
CITY-ST-ZIP POMPANO BCH. FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Zanders, Johnny L.
1.3 STREET ADDRESS 10315 NW 39th Manor
1.4 CITY-ST-ZIP Coral Springs, FL 33065

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Zanders, Hazel K. Dove
2.3 STREET ADDRESS 10315 NW 39th Manor
2.4 CITY-ST-ZIP Coral Springs, FL 33065

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

SIGNATURE REQUIRED

Johnny L. Zanders 954-7962600

CR2E037 (4/97)