

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90225 028 ****61.25

DOCUMENT # N30043

1. Corporation Name

THE SALVATION AND PRAISE TEMPLE OF FAITH, INC.

Principal Place of Business

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

Mailing Address

10315 NW 39TH MANOR
C/O JOHNNY L. ZANDERS
CORAL SPRINGS FL 33065
US

509016 - 90225 - 28



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Johnny L. Zanders
Suite, Apt. #, etc.
27 1588 NW 4th Ave.

28 City & State

Pompano Beach, FL

29 Zip

33060

Country

30

US

3. Date Incorporated or Qualified

01/05/1989

4. FEI Number

65-0114888

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

9. Name and Address of Current Registered Agent

ZANDERS, JOHNNY L.
10315 NW 39TH MANOR
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name ZANDERS, JOHNNY L.

82 Street Address (P.O. Box Number is Not Acceptable)
1588 NW 4th Avenue

83

84 City Pompano Beach

FL

85 Zip Code 33060

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 10315 NW 39TH MANOR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME ZANDERS, HAZEL KIRKLAND
STREET ADDRESS 10315 NW 39TH MANOR
CITY-ST-ZIP CORAL SPRINGS 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 ☒ Change ☐ Addition

1.2 NAME ZANDERS, JOHNNY L.
1.3 STREET ADDRESS 1588 NW 4th Avenue
1.4 CITY-ST-ZIP Pompano Beach, FL, 33060

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)