

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N41454** (2)  
1. Corporation Name  
**FAITH MISSION, INC.**

95 JAN 26 PM 3:41

Principal Place of Business  
**250 NORTH GULF BLVD.  
CRYSTAL BEACH FL 34681**

Mailing Address  
**250 NORTH GULF BLVD.  
CRYSTAL BEACH FL 34681**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1990** 3a. Date of Last Report **02/16/1994**  
4. FEI Number **59-0774179** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**ALTMAN, CHARLES  
250 NORTH GULF DRIVE  
CRYSTAL BEACH FL 34681**

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 **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	ALTMAN, CHARLES	250 NORTH GULF BLVD.	CRYSTAL BEACH FL
D	BREDEMEIER, C.W.A.	P.O. BOX 288 N/A	CRYSTAL BEACH FL
D	ERDMAN, MARGARET	2125 ESTES ST.	LAKEWOOD CO
D	FULLER, HELEN	3770 W. PORCUPINE LANE	DUNNELLON FL
D	HUFFMAN, BETTY EARL	3025 GREENLEAF ST.	ALLENTOWN PA
D	MARKERT, E.L., JR	4025 HARBOR HILLS RD.	CHATTANOOGA TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

**D FULLER, RICHARD**  
**3770 W. PORCUPINE LANE**  
**DUNNELLON, FL.**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an arctroas.

SIGNATURE: *Charles Altman* / **CHARLES ALTMAN** 1-18-95 (823) 784-3657  
Date: 1-18-95  
Filing Number: 6074187