

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

3. Date Incorporated or Qualified: **12/31/1990**  
3a. Date of Last Report: **01/26/1995**  
4. FEI Number: **59-0774179**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

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 (81-85)  
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 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ALTMAN, CHARLES</b>	
STREET ADDRESS	<b>250 NORTH GULF BLVD.</b>	
CITY-ST-ZIP	<b>CRYSTAL BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BREDEMEIER, C.W.A.</b>	
STREET ADDRESS	<b>P.O BOX 288 N/A</b>	
CITY-ST-ZIP	<b>CRYSTAL BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FULLER, RICHARD</b>	
STREET ADDRESS	<b>3770 W. PORCUPINE LN.</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FULLER, HELEN</b>	
STREET ADDRESS	<b>3770 W. PORCUPINE LANE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUFFMAN, BETTY EARL</b>	
STREET ADDRESS	<b>3025 GREENLEAF ST.</b>	
CITY-ST-ZIP	<b>ALLENTOWN PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARKERT, E.L., JR</b>	
STREET ADDRESS	<b>4025 HARBOR HILLS RD.</b>	
CITY-ST-ZIP	<b>CHATTANOOGA TN</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Charles Altman* (**CHARLES ALTMAN**) JAN. 29-1996-813-784-3657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)