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Jan 30 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 # 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: 02/09/1996

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

4. FLI 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 FL 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T	TOUGHTON, JERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		4412 ALLIGATOR DR.	
1.3 STREET ADDRESS		NEWPORT RICHEY, FL.	
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 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

CR2E037 (9/96)