

FILE NOW: FILING FEE IS \$61.25

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Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41454 (2)**  
1. Corporation Name  
**FAITH MISSION, INC.**



Principal Place of Business <b>250 NORTH GULF BLVD. CRYSTAL BEACH FL 34681</b>	Mailing Address <b>250 NORTH GULF BLVD. CRYSTAL BEACH FL 34681</b>
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3. Date Incorporated or Qualified <b>12/31/1990</b>	
4. FEI Number <b>59-0774179</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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 **JERRY D. TOUCHTON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4412 ALLIGATOR DRIVE**  
83  
84 City **NEW PORT RICHEY FL** 85 Zip Code **34653**

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 Jerry D. Touchton DATE **03-07-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ALTMAN, CHARLES</b>		1.2 NAME <b>JERRY D. TOUCHTON</b>
STREET ADDRESS <b>250 NORTH GULF BLVD.</b>		1.3 STREET ADDRESS <b>4412 ALLIGATOR DRIVE</b>
CITY-ST-ZIP <b>CRYSTAL BEACH FL</b>		1.4 CITY-ST-ZIP <b>NEW PORT RICHEY FL 34653</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BREDEMEIER, C.W.A.</b>		2.2 NAME <b>JON FORD</b>
STREET ADDRESS <b>P.O. BOX 288 N/A</b>		2.3 STREET ADDRESS <b>P.O. BOX 524 N/A</b>
CITY-ST-ZIP <b>CRYSTAL BEACH FL</b>		2.4 CITY-ST-ZIP <b>CRYSTAL BEACH FL 34681</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FULLER, RICHARD</b>		3.2 NAME <b>ROBERT CURTIS</b>
STREET ADDRESS <b>3770 W. PORCUPINE LN.</b>		3.3 STREET ADDRESS <b>608 SAMANTHA DRIVE</b>
CITY-ST-ZIP <b>DUNNELLON FL</b>		3.4 CITY-ST-ZIP <b>PALM HARBOR FL 34683</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE
NAME <b>FULLER, HELEN</b>		4.2 NAME
STREET ADDRESS <b>3770 W. PORCUPINE LANE</b>		4.3 STREET ADDRESS
CITY-ST-ZIP <b>DUNNELLON FL</b>		4.4 CITY-ST-ZIP
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE
NAME <b>HUFFMAN, BETTY EARL</b>		5.2 NAME
STREET ADDRESS <b>3025 GREENLEAF ST.</b>		5.3 STREET ADDRESS
CITY-ST-ZIP <b>ALLEN TOWN PA</b>		5.4 CITY-ST-ZIP
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE
NAME <b>MARKERT, E.L., JR</b>		6.2 NAME
STREET ADDRESS <b>4025 HARBOR HILLS RD.</b>		6.3 STREET ADDRESS
CITY-ST-ZIP <b>CHATTANOOGA TN</b>		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)(l), 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: Jerry D. Touchton DATE: **03-07-98** (813) 942-5035

CR2E037 (10/97)