

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **N48901** (5)

1. Corporation Name

JOSHUA CHRISTIAN FAITH CENTER, INC.



Principal Place of Business: **11541 CORAL RIDGE AVE JACKSONVILLE FL 32218**
Mailing Address: **11541 CORAL RIDGE AVE JACKSONVILLE FL 32218**

3. Date Incorporated or Qualified: **05/15/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-3129826** 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
**PINKNEY, FREDERIC B
11541 CORAL RIDGE AVE
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent
81 Name: **Frederic B. Pinkney**
82 Street Address (P.O. Box Number is Not Acceptable): **924 St. Clair Street**
83
84 City: **Jacksonville, FL** 85 Zip Code: **32254**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKNEY, FREDERIC B	1.2 NAME
STREET ADDRESS	11541 CORAL RIDGE AVE	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKNEY, GLORIA H	2.2 NAME
STREET ADDRESS	11541 CORAL RIDGE AVE	2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, ELAINE	3.2 NAME
STREET ADDRESS	3856 FERNGLN DR	3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, EUGENE	4.2 NAME
STREET ADDRESS	1011 AKE LN	4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, PRENTIS III	5.2 NAME
STREET ADDRESS	3856 FERNGLN DR	5.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHN, IRVIN	6.2 NAME
STREET ADDRESS	1164 E 19TH ST	6.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP

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: *Elaine B Clayton* - Secretary - 20-94 744-1132 696-8738
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)