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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Morthai

Secretary of State

DIVISION OF CORPORATIONS

1997
DOCUMENT #
1. Corporation Name

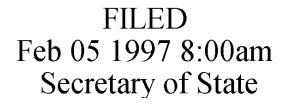
N48901

(5)

JOSHUA CHRISTIAN FAITH CENTER, INC.

Principal Place of Business

Mailing Address





11541 CORAL RIDGE AVE JACKSONVILLE FL 32218		11541 CORAL RIDGE AVE JACKSONVILLE FL 32218-3450						
					3. Date Incorporated or Qualified 05/15/1992	3a. Date of Last 05/01/19		
2. Principal F	Place of Business St. Clair St.	2a. Mailing Address	11.	<i>C</i> :	4. FEI Number		Applied For	
21 424	ST. Clair ST.	26 924 St. C	/lair	5 <u>† </u>	59-3129826		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		Fee Required	
City & State City & State					6. Election Campaign Financing		May Be	
23 Zin	Country	28 Zip	Count		Trust Fund Contribution		d to Fees	
Zip 24	25 29 30			Country 8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No				
24	9. Name and Address of Curre		1301		10. Name and Address of New Re			
			8	1 Name		Y		
FREDERI	ICK B. PINKNEY		Ļ	2 Street Ad	Idress (P.O. Box Number is Not Acceptab	ua)		
924 ST. CLAIR STREET				Z Sireel Au	idless (F.O. Box Number is Not Acceptab	ie)		
JACKSONVILLE FL 32254				3				
			ه ا	4 City		- 85 Zi	p Code	
agent. I a	no the provisions of sections 617,050 registered agent, or both, in the State arm familiar with, and accept the oblig	uz and 617, 1508, Florida Statut e of Florida. Such change was a pations of, Section 617,0503, Flo	es, me abc authorized orida Statut	by the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing of the appointment (as registered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	E: Registered A	lgent signature rei	gulred when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	ORS IN 12	
TITLE	PT	☐ DELETE	1.1 TITU			Change	e 🔲 Addition	
NAME	PINKNEY, FREDERIC B		1.2 NAM	E				
STREET ADDRESS	11541 CORAL RIDGE AVE		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			- ST-ZIP		——————————————————————————————————————		
TITLE	VT	☐ DEŁETE	21 TITL			∟ Changi	e LJ Addition	
NAME	PINKNEY, GLORIA H		22 NAM	ŀ				
STREET ADDRESS				ET ADDRESS	and the second s			
TITLE *	JACKSONVILLE FL ST	DELETÉ	2. 4 CITY 3.1 T(TL)	r-ST-ZIP		Chang	e 🔲 Addition	
NAME	CLAYTON, ELAINE	- vireit	3.2 NAM	1		C Orang	» LL Addation	
	3856 FERNGLEN DR			ET ADDRESS				
STREET ADDRESS	JACKSONVILLE FL			-ST-ZIP				
TITLE	T	DELETE	4.1 TITU			☐ Change	e	
NAME	CLARK, EUGENE	- -	4 2 NAM	1				
STREET ADDRESS	1011 AKE LN			ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4	-ST-ZIP				
TITLE	1	DELETE 5.1 TO				☐ Chang	e 🔲 Addition	
NAME	CLAYTON, PRENTIS III		5.2 NAM	re [
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		5.4 CiTy	-ST-ZIP				
TITLE	T	DELETE	6.1 TITL	E T		☐ Chang	e 🔲 Addition	
NAME	KOHN, IRVIN		6.2 NAM	1E				
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY+ST-ZIP	JACKSONVILLE FL		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 eath; 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 artischment with an address.

SIGNATURE:

1-14-99

Daytime Phone #0005840