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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT  
Sandra B. Mortha,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N48901 (5)

1. Corporation Name  
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 Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 924 St. Clair St. 26 924 St. Clair St.

4. FEI Number 59-3129826  
Applied For Not Applicable

22 Suite, Apt #, etc. 27 Suite, Apt #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip Country 29 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREDERICK B. PINKNEY  
924 St. CLAIR STREET  
JACKSONVILLE FL 32254

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: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 rows of officer/director information including titles (PT, VT, ST, T), names, and addresses.

Table with 6 columns for additions/changes to officers and directors, including titles, names, and addresses.

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.

SIGNATURE: [Signature] REQUIRED

1-16-97

CR2E037 (9/96)