

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 JUN 16 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002289 (6)**

1. Corporation Name
THE LIVING FAITH CHURCH OF COLUMBIA COUNTY, INC.

Principal Place of Business Mailing Address

**3211 GREGG STREET
LAKE CITY FL 32055** **3211 GREGG STREET
LAKE CITY FL 32055**

2. Principal Place of Business 2a. Mailing Address

21 **RT 18 Box 540** 26 **SAME AS 2**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Sisters Welcome Rd** 27

City & State City & State

23 **Lake City FL** 28

Zip Country Zip Country

24 **32025** 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

05/09/1994

4. FEL Number Applied For
596205643 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

**PEELER, EARL
ROUTE 15, BOX 1387
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the # applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	PD	OK
NAME	PEELER, EARL	
STREET ADDRESS	BOX 2238	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	VD	OK
NAME	KRAMER, DON	
STREET ADDRESS	3211 GREGG STREET	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	STP	Resigned
NAME	REEVRS, MURRAY	
STREET ADDRESS	ROUTE 2, BOX 153	
CITY - ST - ZIP	TRIDENTON FL 32065	
TITLE	Trustee - Bd Member	
NAME	Dale Marshall	
STREET ADDRESS	RT # 3 Box 1083	
CITY - ST - ZIP	LAKE CITY FL 32025	
TITLE	Trustee	
NAME	Jewel R. Reddick	
STREET ADDRESS	217 Box 393A	
CITY - ST - ZIP	Lake City	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	700001521697
23 STREET ADDRESS	-06/23/95--01032--006
24 CITY - ST - ZIP	*****61.75 *****61.75
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	6-16-95 + g

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)(b), 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: Jewel R. Reddick - Treasurer 6-17-95 904-758-9830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Explain If True #)