

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 DEC 23 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4001 Chairs Rd

DOCUMENT # N96000001090

1. Corporation Name

Faith Christian Family Center, Inc

Principal Place of Business

Mailing Address

4001 Chairs Cross Road P.O. Box 5972
Tallahassee, FL 32311 Tallahassee, FL 32314

2. Principal Place of Business

2a. Mailing Address

21 310 Laura Lee Avenue

26 P.O. Box 5972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

Zip

Country

Zip

Country

24 32301

25

29 32314

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

4. FEI Number

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

Howard McMillan
4001 Chairs Cross Rd
Tallahassee, FL 32314

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE D
NAME McMillan, Howard A. F.
STREET ADDRESS 4001 Chairs Cross Rd
CITY-ST-ZIP Tallahassee, FL 32314

TITLE D
NAME Edwards, Harold W.
STREET ADDRESS 703 Coble Drive
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D
NAME Rogers, Peggy
STREET ADDRESS 2710 Lake Munson Street
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D
NAME West, Perry
STREET ADDRESS 934 Cochran Drive
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D
NAME Anderson, Geneva
STREET ADDRESS 3516 Sunnyside Drive
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D
NAME Anderson, Clarence
STREET ADDRESS 3516 Sunnyside Drive
CITY-ST-ZIP Tallahassee, FL 32301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME Edwards, Patricia
1.3 STREET ADDRESS 703 Coble Drive
1.4 CITY-ST-ZIP Tallahassee, FL 32301

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/22/98

850/656-1491

CR2E037 (10/97)