
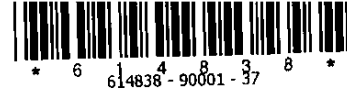


FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90013 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000002605		
1. Corporation Name FAITH CHRISTIAN CENTER CHURCH, INC.		
Principal Place of Business 7500 MERRILL RD JACKSONVILLE FL 32277	Mailing Address 7500 MERRILL RD JACKSONVILLE FL 32277	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3494560	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 Jacksonville Florida		28 Jacksonville Florida		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 32277		29 32277		Country	
25 USA		30 USA		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVIS, GEORGE L 7500 MERRILL RD JACKSONVILLE FL 32277				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DELETED	DELETED	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	George L. Davis	George L. Davis	1.2 NAME	George L. Davis	
STREET ADDRESS	4500 Merrill Road Jacksonville, FL 32277	4500 Merrill Road Jacksonville, FL 32277	1.3 STREET ADDRESS	12074 Kelsey Island Drive Jacksonville, FL 32224	
CITY-ST-ZIP	Jacksonville, FL 32277	Jacksonville, FL 32277	1.4 CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	DELETED	DELETED	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	April R. Davis	April R. Davis	2.2 NAME	April R. Davis	
STREET ADDRESS	7500 Merrill Road Jacksonville, FL 32277	7500 Merrill Road Jacksonville, FL 32277	2.3 STREET ADDRESS	12074 Kelsey Island Drive Jacksonville, FL 32224	
CITY-ST-ZIP	Jacksonville, FL 32277	Jacksonville, FL 32277	2.4 CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	DELETED	DELETED	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Deshaun L. Davis	Deshaun L. Davis	3.2 NAME	Deshaun L. Davis	
STREET ADDRESS	17600 Merrill Road Jacksonville, FL 32277	17600 Merrill Road Jacksonville, FL 32277	3.3 STREET ADDRESS	12058 Saverio Lane Jacksonville, FL 32225	
CITY-ST-ZIP	Jacksonville, FL 32277	Jacksonville, FL 32277	3.4 CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	DELETED	DELETED	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	DELETED	DELETED	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	DELETED	DELETED	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: 8/23/99 Daytime Phone #: (904) 144-0908

CR2E037 (5/99)