


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		



* 6 614836 4 90001 3 8 *



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

9. Name and Address of Current Registered Agent DAVIS, GEORGE L 7500 MERRILL RD JACKSONVILLE FL 32277				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE President				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President			
1.2 NAME George L. Davis				1.2 NAME George L. Davis			
1.3 STREET ADDRESS 7500 Merrill Road Jacksonville, FL 32277				1.3 STREET ADDRESS 12874 Kelsey Island Drive Jacksonville, FL 32284			
1.4 CITY-ST-ZIP Jacksonville, FL 32277				1.4 CITY-ST-ZIP Jacksonville, FL 32284			
2.1 TITLE <input type="checkbox"/> DELETE Vice President				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President			
2.2 NAME April R. Davis				2.2 NAME April R. Davis			
2.3 STREET ADDRESS 7500 Merrill Road Jacksonville, FL 32277				2.3 STREET ADDRESS 12874 Kelsey Island Drive Jacksonville, FL 32284			
2.4 CITY-ST-ZIP Jacksonville, FL 32277				2.4 CITY-ST-ZIP Jacksonville, FL 32284			
3.1 TITLE <input type="checkbox"/> DELETE Secretary Treasurer				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Treasurer			
3.2 NAME Deshaun L. Davis				3.2 NAME Deshaun L. Davis			
3.3 STREET ADDRESS 7500 Merrill Road Jacksonville, FL 32277				3.3 STREET ADDRESS 12058 Saverio Lane Jacksonville, FL 32285			
3.4 CITY-ST-ZIP Jacksonville, FL 32277				3.4 CITY-ST-ZIP Jacksonville, FL 32285			
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/99

Date

(904) 144-0908

Daytime Phone #

CR2E037 (5/99)