

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **709180** (4)

1. Corporation Name

**FAITH MISSIONARY CHURCHES, INC.**



Principal Place of Business

Mailing Address

**2851 AVALONA DRIVE  
SANFORD FL 32771**

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SANFORD FL 32771**

3. Date Incorporated or Qualified  
**06/18/1965**

3a. Date of Last Report  
**05/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

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**

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

**TASKER, LUTHER  
2851 AVALONA DRIVE  
SANFORD FL 32771**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **TASKER, LUTHER**  
STREET ADDRESS **2851 AVALONA DRIVE**  
CITY-ST-ZIP **SANFORD FL 32771**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DREV** ☐ DELETE  
NAME **COX, JACK**  
STREET ADDRESS **2851 AVALONA DRIVE**  
CITY-ST-ZIP **SANFORD FL 32771**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **COX, JACK**  
2.3 STREET ADDRESS **24713 Leonard Way**  
2.4 CITY-ST-ZIP **Eustis, FL 32726**

TITLE **SD** ☒ DELETE  
NAME **COX, WANDA**  
STREET ADDRESS **2851 AVALONA DRIVE**  
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE **S/T** ☐ Change ☒ Addition  
4.2 NAME **KREINBRING, CONNIE J.**  
4.3 STREET ADDRESS **2610 S. Elm Ave.**  
4.4 CITY-ST-ZIP **Sanford, FL 32773**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **FREEBERN, GENE**  
5.3 STREET ADDRESS **2212 Grand Tree Court**  
5.4 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **RYLL, D. MIKE**  
6.3 STREET ADDRESS **108 Yorktown Place**  
6.4 CITY-ST-ZIP **Sanford, FL 32771**

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)(k), 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:

*Luther Tasker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Luther Tasker, Pres.

(407) 322-5863

Date

Daytime Phone #

CR2E037 (12/95)