

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 # **713297** (0)

1. Corporation Name

MISSIONARY FAITH BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

4909 SILVER OAK DRIVE
FT PIERCE FL 34982

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FT PIERCE FL 34982

3. Date Incorporated or Qualified 09/05/1967	3a. Date of Last Report 02/03/1995
4. FEI Number 65-0039407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

GAST, RICHARD D.
4909 SILVER OAK DRIVE
FT PIERCE FL 34982

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

Sign the report or printed name of registered agent and the filer.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAST, RICHARD D	1.2 NAME	
STREET ADDRESS	4909 SILVER OAK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, HAROLD E	2.2 NAME	
STREET ADDRESS	5913 SPRUCE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, CATHY L	3.2 NAME	
STREET ADDRESS	5913 SPRUCE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, HAROLD E	4.2 NAME	
STREET ADDRESS	5913 SPRUCE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE		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		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 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:

Richard D. Gast
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 401 466-2142
Date Daytime Phone #

CR2E037 (12/95)