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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 4909 SILVER OAK DRIVE FT PIERCE FL 34982-8502

3. Date Incorporated or Qualified 09/05/1967 3a. Date of Last Report 01/26/1996

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number 65-0039407 Applied For Not Applicable

Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 29 30

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

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

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 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAST, RICHARD D	
STREET ADDRESS	4909 SILVER OAK DRIVE	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELLS, HAROLD E	
STREET ADDRESS	5913 SPRUCE DRIVE	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WELLS, CATHY L	
STREET ADDRESS	5913 SPRUCE DRIVE	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WELLS, HAROLD E	
STREET ADDRESS	5913 SPRUCE DIRVE	
CITY - ST - ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Richard D. Gast 1-14-97 561-466-2942

CP2E037 (9/96)