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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:07

DOCUMENT # **713902** **(5)**

1. Corporation Name

THE FAITH BAPTIST CHURCH OF FORT PIERCE, FLORIDA , INC.

Principal Place of Business	Mailing Address
3607 OLEANDER AVE. FORT PIERCE FL 34982	3607 OLEANDER AVE. FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1968**
3a. Date of Last Report: **02/22/1994**
4. FEI Number: **59-7301119** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

YOUNG, SCOTT
416 SEABREEZE LANE
PT ST LUCIE FL 34985

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	VD	11 TITLE	D ☐ Change ☒ Addition
NAME	YOUNG, HERMAN F	12 NAME	Bell, Glenn
STREET ADDRESS	7901 SAN CARLOS DRIVE	13 STREET ADDRESS	2991 SW Vittorio Street
CITY-ST-ZIP	FT PIERCE FL	14 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	BOOHER, TERRY L	22 NAME	
STREET ADDRESS	602 FRENCH CREEK DR.	23 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	24 CITY-ST-ZIP	
TITLE	~~STD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~DENMON, R F~~	32 NAME	
STREET ADDRESS	~~1133 CLUB DR.~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~FT PIERCE FL~~	34 CITY-ST-ZIP	
TITLE	~~D~~	41 TITLE	☐ Change ☐ Addition
NAME	~~PRICE, MIKE~~	42 NAME	
STREET ADDRESS	~~1388 BAYHARBOUR~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~PT ST LUCIE FL 34952~~	44 CITY-ST-ZIP	
TITLE	STD	51 TITLE	STD ☒ Change ☐ Addition
NAME	YOUNG, SCOTT	52 NAME	Young, Scott
STREET ADDRESS	416 SEABREEZE LN.	53 STREET ADDRESS	1614 Sylvester Lane
CITY-ST-ZIP	PORT ST. LUCIE FL	54 CITY-ST-ZIP	Port St. Lucie, FL 34984
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GABRIEL, MANUEL	62 NAME	
STREET ADDRESS	1450 SE TIFFANY AVE	63 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34952	64 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: Terry L. Booher 5/1/95 Daytime Phone # 461-3607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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