NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90004 016 ****61.25

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualifed 10/09/1972

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

26-0810809

DOCU	MENT	- #	724	151	n

1. Corporation Name

FLORADALE	FAITH	TEMPI E	HOLINESS	CHURCH.	INC
FEUNAUALL	1 71111	1 FLAIL FF	LICLINE	OHUHUH	1110

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

OSO AL PIEDRIDE OT

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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27

28

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2 ALDERGIDE 31. ICKSONVILLE FL 32208	JACKSONVILLE FL 32208	

Country

30

LILNCOLN, VERONICA			82	Street	Street Address (P.O. Box Number is Not Acceptable)			
8046 DENHAM RD. E. Jacksonville FL 32208			83					
JACKSUN	VILLE FL 32208		L		: led 7: 0:4:	_		
			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		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	DELETE 1.	TITLE		Veronica Brinkley, Change DAddi	tion		
NAME	BRINKLEY, CLARA	1.3	NAME		Veronica Brinkley Grando Brade 952 Alderside Street (Secretar	4		
STREET ADDRESS	952 ALDERSIDE ST.	1.	STREET	ADDRESS	972 17100 3100 511 222200	$I \perp$		
CITY-ST-ZIP	JACKSONVILLE FL	1.	CITY-S	T-ZIP	Jack501/11/10/11/a. 12208			
TITLE		DELETE 2.	ITILE		☐ Change ☐ Addi	tion		
NAME	GANT, DOROTHY	2:	NAME		man and the second of the seco	- 1		
STREET ADDRESS		2.	STREET	ADDRESS		•		
CITY-ST-ZIP	JACKSONVILLE FL	2.	4 CITY-S	T-ZIP		_		
TITLE		DELETE 3.	TITLE		☐ Change ☐ Addi	tion		
NAME	SOLOMAN, HELEN	3.	NAME		·			
STREET ADDRESS	5607 BRAIT AVE	3.	STREE	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL	3.	. CITY-S	T-ZIP				
TITLE	SD	DELETE 4.	TITLE		☐ Change ☐ Addi	tion		
NAME	CARROLL, JACKIE	4.	2 NAME		·	- 1		
STREET ADDRESS	4962 PRINCLEY AVE	4.	STREE	ADDRESS	·	- 1		
C(TY-ST-ZIP	JACKSONVILLE FL		CITY-S	T-ZIP				
TITLE	AS		ITITLE		☐ Change ☐ Addi	tion		
NAME	LILNCOLN, VERONICA	1	NAME					
STREET ADDRESS	8046 DENHAM RD. E.	5.	STREE	ADDRESS	·	- (
CITY-ST-ZIP	JACKSONVILLE FL		CITY-S	T-ZIP				
TITLE		DELETE 6.	1 TITLE		☐ Change ☐ Addi	tion .		
NAME		6.	2 NAME					
STREET ADDRESS		6.	STREE	ADDRESS		ļ		
CITY-ST-ZIP		6.	CITY-S	r-zip	·			

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.