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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

729009

(1)

FAITH BAPTIST CHURCH OF NOKOMIS, INC.

Principal Place of Business Mailing Address 2241 KILPATRICK RD. 2241 KILPATRICK RD. NOKOMIS FL 34275 NOKOMIS FL 34275-4925 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1974 03/15/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7376738 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8,75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERG, JR., H. R. **B2** Street Address (P.O. Box Number is Not Acceptable) 1872 S TAMIAMI TRAIL 83 VENICE FL 33595 84 City 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. Lam fam har with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and tills if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 96/6) 13. DELETE 1.1 TITLE Change Addition TITLE PD LINDOW, REV. KENNETH N 1 2 NAME NAME OSBORN, REV. RICHARD R. 2241 KILPATRICK RD STREET ADDRESS 1.3 STREET ADDRESS 2241 Kilpatrick Rd. NOKOMIS, FL 00000 1.4 CITY-ST-ZIP CITY - ST - ZIP Nokomis, FL 34275 DELETE Addition TITLE 21 TITLE Change MoDonald, Wandell CROSSMAN, STÉVE 22 NAME NAME NOY CURRY St. 121 FIRST AVENUE STREET ADDRESS 2.3 STREET ADDRESS nokomis fl CITY - \$1 - 2IP 2.4 CITY-ST-ZIP Nokomis. Addition DELETE Change 3.1 TITLE TOTLE MERRICK, RAY 3.2 NAME NAME MASTER, ROBERT 1500 QUAIL LAKE DRIVE 3 3 STREET ADDRESS STREET ADDRESS 28 Lancer St. VENICE FL 3.4. CITY-ST-ZIP CITY - ST - ZIP Nokomis, FL 34275 DELETE 4.1 TITLE Change Addition TITLE SOURDIFFE. ROBERT 4.2 NAME NAME JENKINS, HARRY 118 SIÈRRA NO 4.3 STREET ADDRESS STREET ADDRESS 1715 Scotties Place NOKOMIS FL 44 CITY-SY-ZIP CITY-ST-ZIP Nokomis, FL DELETE Addition 51 TITLE Change TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE THEF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-SE-7IE

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

SIGNATURE:

SIGNATURE AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/97

941-485-1812

FILED

Mar 25 1997 8:00am

Secretary of State

Jaytime Phone # 0064060