FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 19 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732562 (4)

1. Corporation Name
FAITH GOSPEL BROADCASTING ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
950 5TH AVE. S. ST. PETERSBURG FL 33705-1801	950 5TH AVE. S. ST. PETERSBURG FL 33705-1801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1975
3a. Date of Last Report: 08/03/1994
4. FEI Number: 59-0722784 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
2a. Mailing Address — 26: Post Office Box 22
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: St. Petersburg, Fl.
Zip — 24:
Country — 25:
Zip — 29: 33731
Country — 30:

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

9. Name and Address of Current Registered Agent
ROBINSON, JOHN T ATTORNEY
6500 CENTRAL AVE
ST PETERSBURG, FL
33708

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Barbara Reynolds 7430 - 34th Street South
83: Apt. 601E
84 City: St. Petersburg FL 85 Zip Code: 33711

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: Barbara L. Reynolds — Barbara L. Reynolds
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE: 4-24-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NELSON, BEN N	12 NAME	
STREET ADDRESS	7880 45TH ST NO	13 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	NELSON,NANCY M.	22 NAME	000001497970
STREET ADDRESS	7880 45TH ST. N.	23 STREET ADDRESS	-05/24/95--01038--010
CITY-ST-ZIP	PINELLAS PARK FL	24 CITY-ST-ZIP	****155.00 *****77.50
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, BARBARA	32 NAME	
STREET ADDRESS	7430 34TH ST S	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/5/95

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)(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 the 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: Barbara Reynolds — Barbara Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: April 24, 1995 — Daytime Phone #: (813) 867-3102

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