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Feb 28 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 # 732562 (4)

1. Corporation Name
FAITH GOSPEL BROADCASTING ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address
950 5TH AVE. S. POST OFFICE BOX 22
ST. PETERSBURG FL 33705-1801 ST. PETERSBURG FL 33731-0022

3. Date Incorporated or Qualified 04/24/1975
3a. Date of Last Report 02/27/1996

2. Principal Place of Business 2b. Mailing Address 4. FEI Number 59-0722784
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. Applied For Not Applicable
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 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 REYNOLDS BARBARA
7430 - 34TH STREET SOUTH
APT. 601E
ST. PETERSBURG FL 33711
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 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	NELSON, BEN N	1.2 NAME	
STREET ADDRESS	7880 45TH ST NO	1.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	NELSON, NANCY M.	2.2 NAME	
STREET ADDRESS	7880 45TH ST. N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PINELLAS PARK FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	
NAME	REYNOLDS, BARBARA	3.2 NAME	
STREET ADDRESS	7430 34TH ST S	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Barbara L. Reynolds SD 01/31/97 (813)867-3182
SIGNATURE AND FILED BY PRINTED NAME OF REGISTERING OFFICER OF CORPORATIONS Date Daytime Phone # 0051241

CFR2E037 (9/96)