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# FILED
# Oct 08 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

**1998**

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

DOCUMENT # 732719 (0)

1. Corporation Name

**FAITH OF CHRIST BIBLE REVIVAL CHURCH, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4812 ASHLAND DR<br>TAMPA FL 33610 | 4812 ASHLAND DR<br>TAMPA FL 33610 |

3. Date Incorporated or Qualified: 05/09/1975

4. FEI Number: 59-1648361 — 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. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip / Country
24 / 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip / Country
29 / 30

**9. Name and Address of Current Registered Agent**

CANADA, MOSES
4812 ASHLAND DR
TAMPA FL 33610

**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 _____ DATE _____
Signature, Type or Print Name of Registered Agent, and Title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | T | [ ] DELETE |
| NAME | CANADA, FLOYD J | |
| STREET ADDRESS | 4812 ASHLAND DRIVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | T | [ ] DELETE |
| NAME | CANADA, SANDRA R | |
| STREET ADDRESS | 4812 ASHLAND DRIVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | PD | [ ] DELETE |
| NAME | CANADA, MOSES | |
| STREET ADDRESS | 4812 ASHLAND DRIVE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | S | [ ] DELETE |
| NAME | CANADA, GENNIE MAE | |
| STREET ADDRESS | 419 E HUGH ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | T | [ ] DELETE |
| NAME | CANADA, JACOB A | |
| STREET ADDRESS | 4812 ASHLAND DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VP | [ ] DELETE |
| NAME | TIMOTHY L. CANADA | |
| STREET ADDRESS | 4812 ASHLAND DR. | |
| CITY-ST-ZIP | TAMPA FL | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | | [ ] Change [ ] Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | [ ] Change [ ] Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | [ ] Change [ ] Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | [ ] Change [ ] Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | [ ] Change [ ] Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | [ ] Change [ ] Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. 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.

_____ 727-2207