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FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737419** (2)

1. Corporation Name

**FAITH WORSHIP CENTER, INC.**

Principal Place of Business

Mailing Address

**55314 FIFTH STREET  
ASTOR FL 32012  
US**

**PO BOX 613  
ASTOR FL 32012  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/01/1976**

4. FEI Number

**59-2163586**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VTD BRASWELL, MARILYN E.**  
STREET ADDRESS **55314 FIFTH ST.**  
CITY-ST-ZIP **ASTOR FL**

TITLE ☐ DELETE

NAME **PD BRASWELL, BOBBY E.**  
STREET ADDRESS **55314 FIFTH ST.**  
CITY-ST-ZIP **ASTOR FL**

TITLE ☐ DELETE

NAME **D CRIPE, DAVID**  
STREET ADDRESS **23505 ST. RD. 40**  
CITY-ST-ZIP **ASTOR FL**

TITLE ☐ DELETE

NAME **D CRIPE, RITA**  
STREET ADDRESS **23505 ST RD 40**  
CITY-ST-ZIP **ASTOR FL**

TITLE ☐ DELETE

NAME **D J. BRASWELL, Bobby, E.**  
STREET ADDRESS **55314 FIFTH ST**  
CITY-ST-ZIP **ASTOR, FL.**

TITLE ☐ DELETE

NAME **D Little, SONIA**  
STREET ADDRESS **55314 FIFTH ST**  
CITY-ST-ZIP **ASTOR, 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

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.

SIGNATURE:

**Marilyn Braswell** **4/10/98** **3527592611**

CR2E037 (10/97)