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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **740871** (9)  
1. Corporation Name  
**FAITH TABERNACLE HOLINESS CHURCH, INC.**

Principal Place of Business Mailing Address  
**227 CLAIRE AVE PANAMA CITY FL 32404-6019 US**  
**P O. BOX 3671 PANAMA CITY FL 32401 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/23/1977** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2879396** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. **P.O. Box 3014**

22. City & State 27. City & State

23. Zip 28. Country

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**AMERSON, DORIS  
20522 DUFFEY ROAD  
FOUNTAIN FL 32428**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Register printed name of registered agent and the Registrar. NOTE: Supplemental Agent Signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>AMERSON, DORIS</b>
STREET ADDRESS	<b>20522 DUFFEY ROAD</b>
CITY, ST, ZIP	<b>FOUNTAIN FL</b>
TITLE	<b>STD</b>
NAME	<b>CLARK, SHERRY</b>
STREET ADDRESS	<b>20522 DUFFEY ROAD</b>
CITY, ST, ZIP	<b>FOUNTAIN FL</b>
TITLE	<b>VD</b>
NAME	<b>CRIDER, RICHARD</b>
STREET ADDRESS	<b>10734 HAPPYVILLE ROAD</b>
CITY, ST, ZIP	<b>YOUNSTOWN FL</b>
TITLE	<b>P</b>
NAME	<b>ROWELL, SHELBY</b>
STREET ADDRESS	<b>148 HITCHCOCK</b>
CITY, ST, ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>C</b>
NAME	<b>CLARK, JAMES W</b>
STREET ADDRESS	<b>20522 DUFFEY RD</b>
CITY, ST, ZIP	<b>FOUNTAIN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Crider, Cathy</b>
53 STREET ADDRESS	<b>10734 Happyville, Rd.</b>
54 CITY, ST, ZIP	<b>YOUNSTOWN, FL</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 119.037(3)(k), 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 or changes or on an attachment with an address.

SIGNATURE: *Rev. Sherry Clark* 5-4-95 722-1594  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number