

**FILE NOW: FILING FEE IS \$61.25**

• NONPROFIT CORPORATION ANNUAL REPORT **1996**



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

**FILED**

**DOCUMENT # 740871 (9)**

**96 MAR -5**

**1. Corporation Name**  
**FAITH TABERNACLE HOLINESS CHURCH, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business <b>227 CLAIRE AVE PANAMA CITY FL 32404-6019 US</b>	Mailing Address <b>P. O. BOX 3014 PANAMA CITY FL 32401 US</b>
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3. Date Incorporated or Qualified <b>11/23/1977</b>	3a. Date of Last Report <b>05/11/1995</b>
4. FEI Number <b>59-2879396</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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**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  
85 Zip Code  
**FL**

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**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>AMERSON, DORIS</b>
STREET ADDRESS	<b>20522 DUFFEY ROAD</b>
CITY-ST-ZIP	<b>FOUNTAIN FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>CLARK, SHERRY</b>
STREET ADDRESS	<b>20522 DUFFEY ROAD</b>
CITY-ST-ZIP	<b>FOUNTAIN FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>CRIDER, RICHARD</b>
STREET ADDRESS	<b>10734 HAPPYVILLE ROAD</b>
CITY-ST-ZIP	<b>YOUNSTOWN FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ROWELL, SHELBY</b>
STREET ADDRESS	<b>148 HITCHCOCK</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>CRIDER, CATHY</b>
STREET ADDRESS	<b>10734 HAPPYVILLE RD</b>
CITY-ST-ZIP	<b>YOUNGSTOWN FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>300001734833</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>-03/06/96-01108-004</b>
2.3 STREET ADDRESS	<b>*****61.25 *****61.25</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Doris Amerson* **Jan. 24, 1996** 904-722-1594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*SL  
2/15/96*