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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750489

(7)

1. Corporation Name

FAITH EVANGELISTIC, INC.

Principal Place of Business

Mailing Address

310 WEST MAIN ST.
P.O. BOX 188
BOWLING GREEN FL 33834310 WEST MAIN ST.
P.O. BOX 188
BOWLING GREEN FL 33834-0188

2. Principal Place of Business

2a. Mailing Address

21 1142 DOL CUL RD
Suite, Apt. #, etc.26 70 Box 188
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Bowling Green FL 71A
Zip Country28 Bowling Green FL 71A 33834
Zip Country

24 33834

25 Handee

29 33834

30 Handee

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/07/19803a. Date of Last Report
01/29/1996

4. FEI Number

59-1932920

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, JAMES W
STREET ADDRESS 310 WEST ORANGE
CITY - ST - ZIP BOWLING GREEN, FL 00000☐ DELETETITLE VD
NAME MILLER, JUDITH ANN
STREET ADDRESS 310 W MAIN ST.
CITY - ST - ZIP BOWLING GREEN, FL 00000☐ DELETETITLE STD
NAME CARTE, EARLENE
STREET ADDRESS HI-WAY 17 SOUTH
CITY - ST - ZIP BOWLING GREEN, FL 00000☐ DELETETITLE D
NAME NOEL, WILLIE
STREET ADDRESS 101 GROVE ST.
CITY - ST - ZIP BOWLING GREEN, FL 00000☐ DELETETITLE D
NAME PROCTOR, ULYSSES T.
STREET ADDRESS 320 S ORANGE ST.
CITY - ST - ZIP FORT MEADE FL☒ DELETETITLE D
NAME MILLER, JAMES W., JR
STREET ADDRESS 700 HANDEE ST.
CITY - ST - ZIP BOWLING GREEN FL☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063552

CR2E037 (9/96)