## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

FAITH EVANGELISTIC, INC.

## **FILED** Feb 03 1998 8:00am Secretary of State

Principal Place of Business  Mailing Address  1142 DOL COIL P.O. BOX 188 P.O. BOX 188 P.O. BOX 188 P.O. BOX 188 BOWLING GREEN FL 33834 US  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Date Incorporated or Qualified 01/07/1980  4. FEI Number 59-1932920 Not Applicable Fee Required Fee Requ
P.O. BOX 188 BOWLING GREEN FL 33834 US  P.O. BOX 188 BOWLING GREEN FL 33834 US  D1/07/1980  4. FEI Number Sp-1932920  Applied For Not Applicable Not Applied For Not Applied F
Suite, Apt. #, etc.
2. Principal Place of Business   2a. Mailing Address   5. Certificate of Status Desired   \$8.75 Additional Fee Required
Suite, Apt. #, etc.
Trust Fund Contribution
Zip   Country   Zip   Country   S. This corporation owes or has paid the current year Intangible   Personal Property Tax due June 30.   Yes   No
Zip Country Zip Country 300 S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MILLER, JAMES W. 310 WEST ORANGE P.O. BOX 188  BOWLING GREEN FL 33834 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 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Name Name Address of New Registered Agent  12. OFFICERS AND DIRECTORS 11. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent
MILLER, JAMES W. 310 WEST ORANGE P.O. BOX 188 BOWLING GREEN FL 33834  11. Pursuant to the provisions of Sections 617,0502 and 617,1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 IN 12  TITLE PD LEETE 1.1 TITLE
MILLER, JAMES W. 310 WEST ORANGE P.O. BOX 188 BOWLING GREEN FL 33834  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 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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD DELETE  1.1 TITLE
310 WEST ORANGE P.O. BOX 188 BOWLING GREEN FL 33834  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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD LETE 1.1 TITLE
P.O. BOX 188 BOWLING GREEN FL 33834  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 IN 12  TITLE PD LETE 1.1 TITLE
BOWLING GREEN FL 33834  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 IN 12  TITLE PD LETE 1.1 TITLE
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  L  DELETE  1.1 TITLE  Addition
12.     OFFICERS AND DIRECTORS     13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       TITLE     PD     □ DELETE     1.1 TITLE     M Change     □ Addition
TITULE PD . □ DELETE 1.1 TITLE 52 Change □ Addition
NAME MILLER, JAMES W 1.2 NAME
STREET ADDRESS 310 WEST ORANGE 1.3 STREET ADDRESS 1/42 DOC CO12 Rd
CITY-ST-ZIP BOWLING GREEN, FL 00000 1.4 CITY-ST-ZIP
TITLE VD Change Addition
NAME MILLER, JUDITH ANN 22 NAME STREET ADDRESS 310 W MAIN ST. 23 STREET ADDRESS
DOMESTIC COPPER PLACES
CITY-ST-ZIP BUWLING GREEN, PL UCCUU 2.4 CITY-ST-ZIP  TITLE STD DELETE 3.1 TITLE Change Addition
NAME CARTE, EARLENE 3.2 NAME
STREET ADDRESS HI-WAY 17 SOUTH 3.3 STREET ADDRESS
CITY-ST-ZIP BOWLING GREEN, FL 00000 3.4 CITY-ST-ZIP
TITLE D Change Addition
NAME NOEL, WILLIE 4. 2 NAME
STREET ADDRESS 101 GROVE ST. 4.3 STREET ADDRESS
CITY-ST-ZIP BOWLING GREEN, FL 00000 4.4 CITY-ST-ZIP
TITLE D DELETE 5.1 TITLE Change Addition
NAME MILLER, JAMES W., JR STREET ADDRESS 700 HANDEE ST.  5.2 NAME 5.3 STREET ADDRESS //42 1/2 1/2 DOC CO/2 Rd.
CITY-ST-ZIP BOWLING GREEN FL 5.4 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE Change Addition
""
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP  14. 1 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 appural report or supplemental appural report is true and exercise and that my signature shall have the same legal effect as if made under path; that I am an

SIGNATURE: