

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90064 033 ****70.00

0057682

DOCUMENT # 750489

1. Corporation Name

FAITH EVANGELISTIC, INC.

Principal Place of Business

1142 DOL COIL
P.O. BOX 188
BOWLING GREEN FL 33834
US

Mailing Address

PO BOX X188
P.O. BOX 188
BOWLING GREEN FL 33834
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/07/1980

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 Fees

9. Name and Address of Current Registered Agent

MILLER, JAMES W.
310 WEST ORANGE
P.O. BOX 188
BOWLING GREEN FL 33834

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 1142 DOC COIL RD
CITY-ST-ZIP BOWLING GREEN, FL 00000
☐ DELETE

TITLE VD
NAME MILLER, JUDITH ANN
STREET ADDRESS 310 W MAIN ST.
CITY-ST-ZIP BOWLING GREEN, FL 00000
☐ DELETE

TITLE STD
NAME CARTE, EARLENE
STREET ADDRESS HI-WAY 17 SOUTH
CITY-ST-ZIP BOWLING GREEN, FL 00000
☐ DELETE

TITLE D
NAME NOEL, WILLIE
STREET ADDRESS 101 GROVE ST.
CITY-ST-ZIP BOWLING GREEN, FL 00000
☐ DELETE

TITLE D
NAME MILLER, JAMES W., JR
STREET ADDRESS 1142 1/2 DOC COIL RD
CITY-ST-ZIP BOWLING GREEN FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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, with all other like empowered.

SIGNATURE:

James W. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

1-6-99

CR2E037 (11/98)