

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996 229-96

B-1679

NC

DOCUMENT # 754013

(1)

1. Corporation Name

FAITH EVANGELICAL FREE CHURCH OF ORANGE PARK, FL
ORIDA, INC.

Principal Place of Business

Mailing Address

564 TARA FARMS RD.
DOCTOR'S INLET FL 32068

564 TARA FARMS RD.
DOCTOR'S INLET FL 32068



3. Date Incorporated or Qualified

09/02/1980

3a. Date of Last Report

03/02/1995

4. FEI Number

59-2092739

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLADAY, GREGORY K.
2499 FOXRIDGE ROAD
ORANGE PARK FL 32073

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

HOLLADAY, GREGORY K

STREET ADDRESS

2499 FOXRIDGE ROAD

CITY - ST - ZIP

ORANGE PARK, FL 00000

TITLE

STD

☐ DELETE

NAME

COLEMAN, REGGIE C

STREET ADDRESS

579 WILLIAM PENN STREET

CITY - ST - ZIP

ORANGE PARK FL

TITLE

VD

☐ DELETE

NAME

NEWMAN, HENRY

STREET ADDRESS

329 LEO CT.

CITY - ST - ZIP

ORANGE PARK, FL 00000

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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:

GREGORY K. HOLLADAY

2-25-96 904-272-3302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)