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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32068-6841

3. Date Incorporated or Qualified: 09/02/1980
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — Country 25

2a. Mailing Address
26 1900 Howell Branch Rd,
Suite, Apt. #, etc.
27 # 5
City & State
28 Winter Park, FL
Zip 29 32792 Country 30 USA

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Walter A. Eriksen, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 9624 Lk Douglas Pl
83
84 City: Orlando FL 85 Zip Code: 32817

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 _____ 2-7-97
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. Use comp.-96 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	HOLLADAY, GREGORY K		1.2 NAME	M Eriksen, Jr. Walter A.
STREET ADDRESS	2499 FOXRIDGE ROAD		1.3 STREET ADDRESS	9624 Lk Douglas Place
CITY-ST-ZIP	ORANGE PARK, FL 00000		1.4 CITY-ST-ZIP	Orlando, FL 32817-8630
TITLE	STD	☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	COLEMAN, REGGIE C		2.2 NAME	Bishop, Al
STREET ADDRESS	579 WILLIAM PENN STREET		2.3 STREET ADDRESS	7041 Pine Hollow Dr
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP	Mt. Dora, FL 32757-9112
TITLE	VD	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	NEWMAN, HENRY		3.2 NAME	Karser, John
STREET ADDRESS	329 LEO CT.		3.3 STREET ADDRESS	3484 Valley Creek Dr.
CITY-ST-ZIP	ORANGE PARK, FL 00000		3.4 CITY-ST-ZIP	Tallahassee, FL 32312-3633
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: _____ Walter A. Eriksen, Jr. 1-17-97 407-325-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000969