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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 761546

1. Corporation Name

FAITH TEACHING CENTERS OF FLORIDA, INC.

Principal Place of Business
3940 NORTH HIGHWAY 441
OCALA FL 32670

Mailing Address
3940 NORTH HIGHWAY 441
OCALA FL 32670



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/21/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2969432

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSLEH, E. G., P.A.
415 N.W. FIRST AVENUE
OCALA FL 32670

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 MCDONALD, DAN, REV.
STREET ADDRESS 4809 NE 97TH ROAD
CITY-ST-ZIP ANTHONY FL 32617

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME MCDONALD, MARY
STREET ADDRESS 4809 NE 97TH STREET ROAD
CITY-ST-ZIP ANTHONY FL 32617

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD DELETE
NAME GLASS, DON
STREET ADDRESS 4809 NE 97 STREET ROAD
CITY-ST-ZIP ANTHONY FL 32617

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME BLACKMON, KATHY D.
STREET ADDRESS 4380 NE 25TH AVENUE
CITY-ST-ZIP Ocala FL 34479

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME GLASS, DANNA J.
STREET ADDRESS 3940 N. 441
CITY-ST-ZIP Ocala FL 34475

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME GLASS, MARLENE M.
STREET ADDRESS 13870 NE 47TH AVENUE
CITY-ST-ZIP SPARR FL 32192

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: *Dan McDonald* 2-1-99 1-352-629-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)