## **FILE NOW: FILING FEE IS \$61.25**

**FILED** NOMPROFIT May 18 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary & State ... Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 762931 (4)FAITH TABERNACLE OF FT. PIERCE, INC. Principal Place of Business Mailing Address FAITH TABERNACLE OF FT PIERCE. 1 NE FAITH TABERNACLE OF FT PIERCE, 1 NE 3. Date Incorporated or Qualified C/O JAMES L NEWTON/6501 ST JAMES NW C/O JAMES L NEWTON/6501 ST JAMES NW <u>04/21/1982</u> PT ST LUCIE FL 34983 PT ST LUCIE FL 34983 4. FEI Number Applied For 59-2265908 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution П Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NEWTON, JAMES L. Street Address (P.O. Box Number is Not Acceptable) R2 6501 ST JAMES NW PT ST LUCIE 34983 83 84 City Zip Code 85 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 eignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD DELETE 1.1 TITLE ☐ Change ☐ Addition NEWTON, JAMES L. NAME 1.2 NAME 6501 ST JAMES NW STREET ADDRESS 1.3 STREET ADDRESS PT ST LUCIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HOLLOWAY, STARLYN G. NAME 2.2 NAME 324 WEATHERBEE RD STREET ADDRESS 2.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NEWTON, STEPHEN L. 3.2 NAME STREET ADDRESS 6038 INDRIO RD 3.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change Addition TITLE 5.1 TITUE HALF 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZW 5.4 CiTY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**SIGNATURE:** 

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 open attachment with an address.

Daytime Phone # 0083733