

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764744 (9)

1. Corporation Name

FAITH, HOPE AND CHARITY SPIRITUALITY PRAYER BAND
, INC.

Principal Place of Business

Mailing Address

503-E 63RD STREET
JACKSONVILLE FL 32208
US

FAITH, HOPE & CHARITY
503 E 63RD STREET
JACKSONVILLE FL 32208
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1982

3a. Date of Last Report

09/26/1994

4. FEI Number

59-3003726

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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 Faith Hope & Charity
Suite, Apt. #, etc.

26 503 E 63rd Street

22 503 East 63rd St
City & State

27 Suite, Apt. #, etc.
City & State

23 JACKSONVILLE FLA

28 JAX FLA

24 32208 25 FLA

29 32208 30 FLA

9. Name and Address of Current Registered Agent

DEAL, RUTH MAE
2204 RIBAUT SCENIC DRIVE
JACKSONVILLE FL 32208

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LAFAYE, FLORENCE
STREET ADDRESS	1251 BEACONPT DR 215
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SC
NAME	DAVIS, ELIZABETH
STREET ADDRESS	3146 W 45TH STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DE
NAME	DEAL, RUTH M (BISHOP)
STREET ADDRESS	2204 RIBAUT SCENIC DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	CD
NAME	DUNBAR, WINCHESTER
STREET ADDRESS	1957 W. 26TH STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	CD
NAME	FLORESTINE LEWIS
STREET ADDRESS	4110 CONNIE ST
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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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 110.07(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:

Ruth Mae Deal

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-23-95

Date

904-765-3109

Telephone Number