

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764744 (9)

1. Corporation Name

FAITH, HOPE AND CHARITY SPIRITUALITY PRAYER BAND, INC.

Principal Place of Business

**503-E 63RD STREET
JACKSONVILLE FL 32208
US**

Mailing Address

**503-E 63RD STREET
JACKSONVILLE FL 32208
US**



3. Date Incorporated or Qualified
08/30/1982

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEAL, RUTH MAE
2204 RIBAUT SCENIC DRIVE
JACKSONVILLE FL 32208**

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

Rutha Mae Deal

Rutha MAE Deal-Pastor

1/30/96

Signature, typed or printed name of registered agent and how it applies to

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **LAFAYE, FLORENCE**
CITY-ST-ZIP **1251 BEACONPT DR 215 JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **SC**
STREET ADDRESS **JORDAN, JONI**
CITY-ST-ZIP **1800 BLANDING BLVD., #28 JACKSONVILLE FL 32210**

TITLE ☐ DELETE
NAME **DE**
STREET ADDRESS **DEAL, RUTHA M (BISHOP)**
CITY-ST-ZIP **2204 RIBAUT SCENIC DR JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **KING, RALPH S.**
CITY-ST-ZIP **2711 MARKEY STREET EAST JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **FLORESTINE LEWIS**
CITY-ST-ZIP **4110 CONNIE ST JACKSONVILLE FL 32209**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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*****66.25**

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:

Rutha Mae Deal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 904-765-3109

DATE: 01/30/96 TELEPHONE: 904-765-3109

CR2E037 (12/95)