

# 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 # **765410** (6)

1. Corporation Name

**GROWTH IN FAITH, INC.**



Principal Place of Business

1240 SW OAKBROOK DR  
LARGO FL 34640  
US

Mailing Address

1240 SW OAKBROOK DR  
LARGO FL 34640  
US

3. Date Incorporated or Qualified  
**10/14/1982**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

21 **8591 141st St. NW**

2a. Mailing Address

26 **P.O. Box 8076**

4. FEI Number

**59-2224752**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

23 **Seminole, FL**

City & State

28 **Seminole, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 Zip **34646** 25 Country **Pinellas**

29 Zip **34645** 30 Country **Pinellas**

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

9. Name and Address of Current Registered Agent

**GLUBIAK, MARCIA  
1240 SW OAKBROOK DR  
LARGO FL 34640**

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 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 **Peggy Thomas, Treas.**

Signature of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE **4/5/96**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **DEVERICK, STEPHANIE**  
STREET ADDRESS **2400 ROLLING VIEW RIVE**  
CITY-STATE-ZIP **DUNEDIN FL**

TITLE **VD** ☐ DELETE  
NAME **BURG, BILLIE**  
STREET ADDRESS **9009 BAYWOOD PARK DRIVE**  
CITY-STATE-ZIP **SEMINOLE FL**

TITLE **SD** ☒ DELETE  
NAME **SALMON, KAREN**  
STREET ADDRESS **13478 BALBOA DR**  
CITY-STATE-ZIP **LARGO FL**

TITLE **D** ☒ DELETE  
NAME **REYNOLDS, CAROLYN**  
STREET ADDRESS **6160 ERVING CIRCLE NO**  
CITY-STATE-ZIP **SEMINOLE FL**

TITLE **TD** ☒ DELETE  
NAME **GLUBIAK, MARCIA**  
STREET ADDRESS **1240 OAKBROOK DR, SW**  
CITY-STATE-ZIP **LARGO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President/Director** ☒ Change ☐ Addition  
1.2 NAME **Carolyn Reynolds**  
1.3 STREET ADDRESS **6160 115th Pl. No.**  
1.4 CITY-STATE-ZIP **Seminole, FL 34642**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP **SD**

3.1 TITLE **Brandimore, Kennedy** ☒ Change ☒ Addition  
3.2 NAME **8573 42nd Ave NW**  
3.3 STREET ADDRESS **St. Petersburg, FL 33709**  
3.4 CITY-STATE-ZIP

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

5.1 TITLE **Treas./Director** ☒ Change ☒ Addition  
5.2 NAME **Peggy Thomas**  
5.3 STREET ADDRESS **8591 141st St. NW**  
5.4 CITY-STATE-ZIP **Seminole, FL 34646**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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: **Peggy Thomas** **Peggy Thomas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/5/96**

DAYTIME PHONE # **813-392-8656**

CR2E037 (12/95)