

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766077 (2)

1. Corporation Name

THE INDEPENDENT CHURCH OF GOD OF FAITH, INC.

Principal Place of Business

Mailing Address

**6840 TROUT RIVER BLVD
JACKSONVILLE FL 32219**

**6840 TROUT RIVER BLVD
JACKSONVILLE FL 32219**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2873261

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MULLALY, PATRICIA W.
6840 TROUT RIVER BLVD.
JACKSONVILLE FL 32219**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

MULLALY, RICHARD A

STREET ADDRESS

6840 TROUT RIVER BLVD

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

VT

NAME

SPENCER, JOHN E.

STREET ADDRESS

6840 TROUT RIVER BLVD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

STD

NAME

MULLALY, PATRICIA W

STREET ADDRESS

6840 TROUT RIVER BLVD

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

T

NAME

SPENCER, MILDRED

STREET ADDRESS

6840 TROUT RIVER BLVD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

TD

NAME

PARRIS, REV L. E.

STREET ADDRESS

6840 TROUT RIVER BLVD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(b), 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:

Patricia W. Mullaly *Patricia W. Mullaly*

04-27-1995

(904) 765-1898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #