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FILED

Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 769495 (3)

1. Corporation Name

BACK TO THE FAITH, INC.

Principal Place of Business

524 EAST AVE.  
BROOKSVILLE FL 34801

Mailing Address

524 EAST AVE.  
BROOKSVILLE FL 34801-18083. Date Incorporated or Qualified  
07/20/19833a. Date of Last Report  
02/22/19964. FEI Number  
59-2871947Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSTON, JOSEPH E., JR.  
29 SOUTH BROOKSVILLE AVENUE  
BROOKSVILLE FL 33512

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CARAWAY, W. C.  
STREET ADDRESS 925 N. HOWELL AVE.  
CITY-ST-ZIP BROOKSVILLE FL1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME W. C. CARAWAY  
1.3 STREET ADDRESS 524 EAST AVE.  
1.4 CITY-ST-ZIP BROOKSVILLE, FL. 34601TITLE SD ☐ DELETE  
NAME CARAWAY, OPAL  
STREET ADDRESS 925 N. HOWELL AVE.  
CITY-ST-ZIP BROOKSVILLE FL2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME SD OPAL CARAWAY  
2.3 STREET ADDRESS 524 EAST AVE.  
2.4 CITY-ST-ZIP BROOKSVILLE, FL 34601TITLE D ☐ DELETE  
NAME JOHNSOTN, JOSEPH E., JR.  
STREET ADDRESS 29 SO. BROOKSVILLE AVE.  
CITY-ST-ZIP BROOKSVILLE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE: W.C. CARAWAY *W.C. Caraway*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97

Date

352 799 9246

Daytime Phone # 0086244

CR2E037 (9/96)