

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 23 PM 3: 35

DOCUMENT # F93000002082 (6)

1. Corporation Name

FAITH CENTER MINISTRIES, INC.

Principal Place of Business

Mailing Address

**6749 LENOX AVENUE
JACKSONVILLE FL 32205
US**

**2809 BULLS BAY HIGHWAY
JACKSONVILLE FL 32220
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/22/1993

02/25/1994

4. FEI Number

58-1279286

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASTANEN, KENNETH R
2809 BULLS BAY HIGHWAY
JACKSONVILLE FL 32220**

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

Kenneth R. Castanen

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

(NOTE: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	ATKINSON, ROBERT	8985 NORMANDY BLVD., #95	JACKSONVILLE FL 32210
D	NEWBERG, JUDITH	4822 WHEELER AVENUE	JACKSONVILLE FL 32210
P	CASTANEN, KENNETH R	2809 BULLS BAY HIGHWAY	JACKSONVILLE FL 32220
T	CASTANEN, HELEN P	2809 BULLS BAY HIGHWAY	JACKSONVILLE FL 32220
S	CASTANEN, GERALD	113 BURNSIDE STREET	JONESBORO GA 30238-4928

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
D	Atkinson, Robert	8032 Virgo Street	Jacksonville, FL 32216
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP

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Change

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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 under Section 607.07(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:

Kenneth R. Castanen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-95

904-781-9250

Date

Telephone Number