

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

2-2

DOCUMENT # F93000002082 (6)

1. Corporation Name

FAITH CENTER MINISTRIES, INC.



Principal Place of Business

Mailing Address

6749 LENOX AVENUE  
JACKSONVILLE FL 32206  
US

2809 BULLS BAY HIGHWAY  
JACKSONVILLE FL 32220  
US

3. Date Incorporated or Qualified  
04/22/1993

3a. Date of Last Report  
02/23/1995

2. Principal Place of Business

2a. Mailing Address

21 6316 San Juan Avenue

26 6316 San Juan Avenue

4. FEI Number

58-1279286

Applied For

Not Applicable

22 Suite #25

27 Suite #25

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Jacksonville, Florida

28 Jacksonville, Florida

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 32210

25 USA

29 32210

30 USA

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

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 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 D  
NAME ATKINSON, ROBERT  
STREET ADDRESS 8032 VIRGO STREET  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Secretary

☐ Change ☒ Addition

Theresa Burr  
5703 Blackthorn Road  
Jacksonville, Florida 32244

TITLE D  
NAME NEWBERG, JUDITH  
STREET ADDRESS 4622 WHEELER AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D  
Ray Andrews  
10984 Witchaven Street  
Jacksonville, Florida 32216

☐ Change ☒ Addition

TITLE P  
NAME CASTANEN, KENNETH R  
STREET ADDRESS 2809 BULLS BAY HIGHWAY  
CITY-ST-ZIP JACKSONVILLE FL 32220

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D  
David Haase  
6539 Townsend Road #108  
Jacksonville, Florida

☐ Change ☒ Addition

TITLE T  
NAME CASTANEN, HELEN P  
STREET ADDRESS 2809 BULLS BAY HIGHWAY  
CITY-ST-ZIP JACKSONVILLE FL 32220

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D  
Ray Mezo  
1630 Linares Way  
Jacksonville, Florida 32221

☐ Change ☒ Addition

TITLE S  
NAME CASTANEN, GERALD  
STREET ADDRESS 113 BURNSIDE STREET  
CITY-ST-ZIP JONESBORO GA 30236-4928

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D  
Gerald Castanien  
113 Burnside Street  
Jonesboro Georgia 30236-4928

☒ Change ☐ Addition

TITLE D  
NAME PETERS, GLEN  
STREET ADDRESS 2480 NE 49TH STREET  
CITY-ST-ZIP Ocala FL

☒ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
John Steinmetz  
5235 Lexington Avenue  
Jacksonville, Florida

☐ Change ☒ Addition

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:

*Gerald R. Castanien*  
Gerald R. Castanien

4-25-96

904 -  
781-5906

Date

Daytime Phone

CR2E037 (12/95)

1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Tamra Steimetz		
1.3 STREET ADDRESS	5235 Lexington Avenue		
1.4 CITY - ST - ZIP	Jacksonville, Florida 32205		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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