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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

F96000001545 (0)

WORD OF FAITH CHRISTIAN CENTER CHURCH, INC.

FILED Mar 11 1997 8:00am Secretary of State



2279 ELMIRA. SUITE 201 REPORTO MI 48239 1805 REPORT	rincipal Place	of Busines	;	Mailing	g Address							
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23 90 0									3. Date incorporated or Qualified 03/26/1996	3a. Dat	e of Last	Report
Surie, Apt #, etc. 2 Suite Apt #, etc. 3 PEDFORD MJ. 3 DAVIS GEORGE L 3 Name and Address of Current Registered Apent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids Statutes. 3 Suite Apt #, etc. 3 Pedecarry apt #, etc. 4 Pedecarry apt #, etc. 5 Pede	Principal Pla	ace of Busin	ness	2a. Ma	ailing Address				4. FEI Number	·L		Applied For
Suite. Apt # etc. Suite. Apt # etc. 27 Suite. Apt # etc. 28 Debtook 29 D	· · · · <u>L_</u> · ·						1.6		38-2253942			Not Applicable
City & State PepPRD	Suite, Apt.	#, etc.		<u> </u>					5. Certificate of Status Desired			
Trust Fund Contribution									6. Election Campaign Financing		\$5.0	O May Be
Zip Country Zip Country Zip Country Zip Country Balacter Street Agent Zip Country Balacter Street Agent Zip Country Balacter Agen	PEDF	ORD, M) .	28 72	edford	MI.	•		Trust Fund Contribution			
DAVIS, GEORGE L 7500 MERRILL RD. JACKSONVILLE FL 32211 82 Street Address (P.O. Box Number is Not Acceptable) FL 95 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 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, and accept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named 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, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of the purpose of changing its registered agent agent and accept agent	Zip				_	"	-	_				r s. 199.032,
DAVIS, GEORGE L 7500 MERRILL RD. JACKSONMLLE FL 32211 83 64 City FL 65 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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature. Speed or pentiled name of registered Agent and life if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE BUTLER, KEITH A 12. NAME BUTLER, KEITH A 12. NAME BUTLER, KEITH A 12. NAME BUTLER, CEDFORD MI 48239 14. City ST-Zip TITLE VD DELETE 21. TITLE VD Change Addition Addition STREET ADDRESS 23. STREET ADDRESS 24. City ST-Zip REDFORD MI 48239 TITLE STD DELETE 31. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Addition Addition Addition Change Addition Addition	4823					30	<u> </u>	<u> </u>				
DAVIS, GEORGE L 7500 MERRILL RD. JACKSONMLLE FL 32211 82 Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reliterating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PDC DELETE 1.1 TITLE PDC DELETE 1.1 TITLE PDC Change Addition Addition DELETE 1.1 TITLE PDC Change Addition Addition DELETE 1.1 TITLE PDC Change Addition Change Addition Addition Addition Addition Change Addition		9. Name	and Address of Curi	rent Registere	d Agent				10. Name and Address of New Re	gistered A	gent	
7500 MERRILL RD. JACKSONVILLE FL 32211 B3 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 amaintain with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature. Speed or printed name of registered agent and time if applicable (NOTE Registered Agent agreature required when reinifishing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME BUTLER, KEITH A 23800 W. CHICAGO 13. STREET ADDRESS DITY-SI-ZIP REDFORD MI 48239 14. City FL 85 Zip Code 14. City FL 85 Zip Code 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 12. NAME BUTLER, KEITH A 23800 W. CHICAGO 13. STREET ADDRESS REDFORD MI 48239 14. City FL 85 Zip Code 14. City FL 85 Zip Code 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Change Addition Addition STREET ADDRESS 23. TITLE 32. AMAE City STD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICER							81	Name				
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### City ###							_	 	· · · · · · · · · · · · · · · · · · ·			
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 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	JACKSO	INVILLE F	. 32211				83					
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 agent and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and like if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 10TILE PDC DELETE 1.1 TITLE PDC DELETE 1.1 TITLE NAME SIRRET ADDRESS CITY-S1-2IP REDFORD MI 48239 1.4 CITY-S1-2IP REDFORD MI 48239 1.4 CITY-S1-2IP REDFORD MI 48239 1.4 CITY-S1-2IP NAME SIRRET ADDRESS CITY-S1-2IP REDFORD MI 48239 1.4 CITY-S1-2IP Addition STREET ADDRESS SIRRET ADDRESS							84	City			85 Z	ip Code
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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: Total

Daytime Phone # 0075956