

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L23891

(9)

1. Corporation Name

KEEPING THE FAITH, INC.

Principal Place of Business

962 NORTHLAKE BLVD.  
LAKE PARK FL 33403

Mailing Address

962 NORTHLAKE BLVD.  
LAKE PARK FL 33403-2001

3. Date Incorporated or Qualified  
10/19/1989

3a. Date of Last Report  
04/16/1996

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

29

30

4. FEI Number

65-0157639

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

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

LOYD, BRAFORD J.  
8566 MAN-OWAR RD.  
PALM BCH GARDENS FL 33418

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/31/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME              | STREET ADDRESS    | CITY - ST - ZIP     | <input type="checkbox"/> DELETE |
|-------|-------------------|-------------------|---------------------|---------------------------------|
| PD    | LOYD, BRADFORD J  | 8566 MAN-O-WAR RD | PALM BEACH GRDNS FL | <input type="checkbox"/>        |
| VD    | LOYD, BRADFORD J. | 8566 MAN-O-WAR RD | PALM BEACH GRDNS FL | <input type="checkbox"/>        |
|       |                   |                   |                     | <input type="checkbox"/>        |
|       |                   |                   |                     | <input type="checkbox"/>        |
|       |                   |                   |                     | <input type="checkbox"/>        |
|       |                   |                   |                     | <input type="checkbox"/>        |
|       |                   |                   |                     | <input type="checkbox"/>        |
|       |                   |                   |                     | <input type="checkbox"/>        |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------|----------|--------------------|---------------------|---------------------------------|-----------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/97

CR2E034 (9/96)