

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

DOCUMENT # N00105 (9)
1. Corporation Name

MESSIANIC FAITH MINISTRIES, INC.



Principal Place of Business

WOODRIDGE COUNTRY ESTATES
7663 WEST TOLLE LANE
DUNNELLON FL 34430
US

Mailing Address

WOODRIDGE COUNTRY ESTATES
7663 WEST TOLLE LANE
DUNNELLON FL 34430
US

3. Date Incorporated or Qualified
12/01/1983

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2359934

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOYD, LEO L.
7663 WEST TOLLE LANE
DUNNELLON FL 34430

81 Name

Carl L. Greer

82 Street Address (P.O. Box Number is Not Acceptable)

4791 S. APOPKA AVE.

83

84 City

Inverness

FL

85 Zip Code

34452

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

Carl L. Greer CARL L. GREER

4/12/96

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME FLOYD, LEO L.
STREET ADDRESS 7663 W. TOLLE LANE
CITY - ST - ZIP DUNNELLON FL

TITLE SD ☐ DELETE
NAME GREER, CLAIRE K.
STREET ADDRESS 4791 S. APOPKA AVE.
CITY - ST - ZIP INVERNESS FL

TITLE VD ☐ DELETE
NAME FLOYD, B. ZELIA
STREET ADDRESS 7663 W. TOLLE LANE
CITY - ST - ZIP DUNNELLON FL

TITLE TD ☐ DELETE
NAME GREER, CARL L.
STREET ADDRESS 4791 S. APOPKA AVE.
CITY - ST - ZIP INVERNESS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 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 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:

Claire K Greer Claire K Greer

4/12/96

352-726-6702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)