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Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 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 04/15/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2359934
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREER, CARL L.
4791 S. APOPKA AVE.
INVERNESS FL 34452

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

12.1 PD FLOYD, LEO L. 7663 W. TOLLE LANE DUNNELLON FL
12.2 SD GREER, CLAIRE K. 4791 S. APOPKA AVE. INVERNESS FL
12.3 VD FLOYD, B. ZELIA 7663 W. TOLLE LANE DUNNELLON FL
12.4 TD GREER, CARL L. 4791 S. APOPKA AVE. INVERNESS FL

13.1 1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Claire K Greer

(952) 726-6702
Jan 7, 1997

CR2E037 (9/96)