

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00105** (9)
1. Corporation Name
MESSIANIC FAITH MINISTRIES, INC.



Principal Place of Business WOODRIDGE COUNTRY ESTATES 7663 WEST TOLLE LANE DUNNELLON FL 34430 3 US	Mailing Address WOODRIDGE COUNTRY ESTATES 7663 WEST TOLLE LANE DUNNELLON FL 34430 3 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/01/1983	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2359934	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Leo L. Floyd	
82 Street Address (P.O. Box Number is Not Acceptable) 7663 W. Tolle Lane	
83	
84 City Dunnellon, FL	85 Zip Code 34430

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 **Leo L. Floyd** **1/21/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FLOYD, LEO L.
STREET ADDRESS	7663 W. TOLLE LANE
CITY-ST-ZIP	DUNNELLON FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GREER, CLAIRE K.
STREET ADDRESS	4791 S. APOPKA AVE.
CITY-ST-ZIP	INVERNESS FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FLOYD, B. ZELIA
STREET ADDRESS	7663 W. TOLLE LANE
CITY-ST-ZIP	DUNNELLON FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GREER, CARL L.
STREET ADDRESS	4791 S. APOPKA AVE.
CITY-ST-ZIP	INVERNESS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

14. I 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** **1-21-98** **726 6702** (813)

CR2E037 (10/97)