

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
---	---	---

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
--	--

3. Date Incorporated or Qualified 12/01/1983	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2359934	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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	

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
---	--

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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** **Leo L. Floyd** DATE **1/27/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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** **CLARE K. GREER** DATE **1-21-98** **726 6702** (813)

CR2E037 (10/97)