

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

APPROVED
AND
FILED

96 MAY -6 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05003 (1)

1. Corporation Name

FAITH TEMPLE ASSEMBLY OF GOD OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

6959 TORRES DRIVE
JACKSONVILLE FL 32210

6959 TORRES DRIVE
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified
09/06/1984

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
59-2236275

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

STRICKLAND, JEUL
8629 BLUEBELL LN
JACKSONVILLE FL 32244

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

TITLE VDT ☐ DELETE
NAME BAITT, HARRY
STREET ADDRESS 1124 LEGAY AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☐ DELETE
NAME BOLLER, DONALD
STREET ADDRESS 6730 MILLER ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME WILLIS, CECIL O.
STREET ADDRESS 1229 WILLOWBRANCH AVE. 1
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME BOYD, DON
STREET ADDRESS 10778 SPURS CT.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME BAITT, CATHERINE
STREET ADDRESS 1124 LEGAY AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE
NAME STRICKLAND, JEUL
STREET ADDRESS 3808 LANE AVE. S.
CITY-ST-ZIP JACKSONVILLE FL

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 10000169271
2.3 STREET ADDRESS 05/06/96-01057-028
2.4 CITY-ST-ZIP *****70.00 *****70.00

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:

Jeul Strickland, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

Date

(904) 771-4757

Daytime Phone #

CP2E037 (12/95)