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Mar 13 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 # N05003 (1)

1. Corporation Name  
FAITH TEMPLE ASSEMBLY OF GOD OF JACKSONVILLE, INC.



Principal Place of Business: 6959 TORRES DRIVE JACKSONVILLE FL 32210  
Mailing Address: 6959 TORRES DRIVE JACKSONVILLE FL 32210

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/06/1984	3a. Date of Last Report 05/06/1996
21. State, Apt. #, etc.	26. Suite, Apt. # etc.	4. FEI Number 59-2236275	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. [ ]	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent STRICKLAND, JEUL 8629 BLUEBELL LN JACKSONVILLE FL 32244	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. [ ]	84. City
	85. Zip Code FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDT	11 TITLE	[ ] Change [ ] Addition
NAME	BAITY, HARRY	12 NAME	
STREET ADDRESS	1124 LEGAY AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	
TITLE	DS	21 TITLE	[ ] Change [x] Addition
NAME	BOLLER, DONALD	22 NAME	D BILL CREWS
STREET ADDRESS	6730 MILLER ST.	23 STREET ADDRESS	3784 MOONFLOWER RD.
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	JACKSONVILLE FLORIDA
TITLE	D	31 TITLE	[ ] Change [ ] Addition
NAME	WILLIS, CECIL O.	32 NAME	
STREET ADDRESS	1229 WILLOWBRANCH AVE. 1	33 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	[x] Change [ ] Addition
NAME	BOYD, DON	42 NAME	D/S DON BOYD
STREET ADDRESS	10778 SPURS CT.	43 STREET ADDRESS	10778 SPURS CT.
CITY - ST - ZIP	JACKSONVILLE FL	44 CITY - ST - ZIP	JACKSONVILLE, FLORIDA
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	BAITY, CATHERINE	52 NAME	
STREET ADDRESS	1124 LEGAY AVE.	53 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	54 CITY - ST - ZIP	
TITLE	PD	61 TITLE	[ ] Change [ ] Addition
NAME	STRICKLAND, JEUL	62 NAME	
STREET ADDRESS	3808 LANE AVE. S.	63 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	64 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: *Jeul Strickland* JEUL STRICKLAND 3-10-97 (904) 971-4757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077367

CR2E037 (9/96)