


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *N05820 (8)*

1. Corporation Name  
*Faith Assembly Christian Church of Miramar Beach Inc.*

Principal Place of Business Mailing Address

*306 Geronimo  
 Destin Fl 32541*

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <i>P.O. Box 1536</i>
22 City & State	27 <i>Santa Rosa Bch Fl.</i>
23 Zip Country	29 <i>32459</i> 30 <i>FLORIDA</i>

3. Date Incorporated or Qualified <i>10-23-1984</i>	3a. Date of Last Report <i>4-21-1996</i>
4. FEI Number <i>59 2936244</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

*Annett Toy R. Jr.  
 282 SNOWDRIFT  
 DESTIN FL - FL 32541*

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<i>PD</i>	<input type="checkbox"/> DELETE
NAME	<i>ARNETT Toy R. Jr.</i>	
STREET ADDRESS	<i>PO. Box 1536/NA</i>	
CITY-ST-ZIP	<i>SANTA ROSA Bch Fl 32459</i>	
TITLE	<i>VP</i>	<input type="checkbox"/> DELETE
NAME	<i>ARNETT Rena</i>	
STREET ADDRESS	<i>P.O. Box 1536/NA</i>	
CITY-ST-ZIP	<i>SANTA ROSA Bch Fl 32459</i>	
TITLE	<i>SDT</i>	<input type="checkbox"/> DELETE
NAME	<i>Schile Donald J</i>	
STREET ADDRESS	<i>785 SPRING LAKE DR</i>	
CITY-ST-ZIP	<i>DESTIN FL 32541</i>	
TITLE	<i>D</i>	<input type="checkbox"/> DELETE
NAME	<i>Schile Ellen B</i>	
STREET ADDRESS	<i>785 SPRING LAKE DR</i>	
CITY-ST-ZIP	<i>DESTIN FL 32541</i>	
TITLE	<i>D</i>	<input type="checkbox"/> DELETE
NAME	<i>Nesius Shannon</i>	
STREET ADDRESS	<i>3 COOSA CT.</i>	
CITY-ST-ZIP	<i>DESTIN FL 32541</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>PD</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>ARNETT Toy R. Jr.</i>	
1.3 STREET ADDRESS	<i>282 SNOWDRIFT</i>	
1.4 CITY-ST-ZIP	<i>DESTIN FL 32541</i>	
2.1 TITLE	<i>VP</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>ARNETT RENA</i>	
2.3 STREET ADDRESS	<i>282 SNOWDRIFT</i>	
2.4 CITY-ST-ZIP	<i>DESTIN FL 32541</i>	
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	<i>300002217303</i>	
5.3 STREET ADDRESS	<i>-06/19/97--01081--009</i>	
5.4 CITY-ST-ZIP	<i>***61.25</i>	
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 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 in any attachment with an address.

SIGNATURE: *Donald J. Schile* SEC./TREAS DIR *5-9-97 904-837-9405*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

*DONALD J. SCHILE* *6-19-97*

CR2E037 (9/96)