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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07442

(9)

1. Corporation Name

FAITH BAPTIST CHURCH OF SANFORD, INC.

Principal Place of Business

Mailing Address

1603 - 1605 1/2 WEST 13TH STREET
P.O. BX 4302
SANFORD FL 32772-1302

1603 - 1605 1/2 WEST 13TH STREET
P.O. BX 4302
SANFORD FL 32772-1302

2. Principal Place of Business

2a. Mailing Address

21 1205 GOLDENGATE CR

26 P.O. Box 4302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SANFORD, FLORIDA

28 SANFORD, FLORIDA

24 Zip

25 Country

29 Zip

30 Country

32772

USA

32772

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRELL, JOSEPH (ATTY)
924 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MITCHELL, BERNARD T II
STREET ADDRESS 37 LAKE MONROE TE
CITY-ST-ZIP SANFORD FL
RR.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
600001836716
-05/23/96--01034--002
*****70.00 *****70.00

TITLE RS
NAME MITCHELL, GENEVA L.
STREET ADDRESS 37 LAKE MONROE TERR.
CITY-ST-ZIP SANFORD FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ATD
NAME MCCREARY, DELORES J
STREET ADDRESS 5017 EDMONSTRON RD.
CITY-ST-ZIP HYATTSVILLE MD

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D
MCCREARY, DAVID L
5017 EDMONSTRON RD
HYATTSVILLE, MD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
12/5/92

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Geneva Mitchell Geneva Mitchell

4/2/96

321-1282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)