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1997 JUN -3 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N07442 (9)

1. Corporation Name

FAITH BAPTIST CHURCH OF SANFORD, INC.

Principal Place of Business

1205 GOLDENGATE CIR  
SANFORD FL 32771

Mailing Address

P.O. BOX 4302  
SANFORD FL 32772-4302

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
02/04/1985

3a. Date of Last Report  
05/22/1996

4. FEI Number  
59-2885538

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

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 000002200730--6  
1.4 CITY-ST-ZIP -06/04/97--01005--001  
\*\*\*\*\*1.00 \*\*\*\*\*1.00

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 000002200730--6  
2.4 CITY-ST-ZIP -06/04/97--01005--002  
\*\*\*\*\*69.00 \*\*\*\*\*69.00

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

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

TITLE ☐ DELETE  
NAME D MCCREARY, DAVID L  
STREET ADDRESS 5017 EDMONSTON RD  
CITY-ST-ZIP HYATTSVILLE MD

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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.

CR2E037 (9/96)