

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:23

DOCUMENT # N11112 (2)
1. Corporation Name
FAITH HARBOR, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
838 WANETA AVE P.O. BOX 974
LAKELAND FL 33801 LAKELAND FL 33802
US US

3. Date Incorporated or Qualified 09/17/1985 3a. Date of Last Report 02/15/1994
4. FEI Number 59-2749558 Changed to 59-3043224 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 838 Waneta Ave 26 P.O. Box 974
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 Lakeland, FL 28 Lakeland, FL
City & State City & State
24 33801 25 US 29 33802 30 US
Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ZDANOWITZ, WILLIAM
615 MABEL AVE.
LAKELAND FL 33805

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BOULLY, BONNIE
STREET ADDRESS	4404 LAKELAND HGLDS RD
CITY-ST-ZIP	LAKELAND FL
TITLE	VD
NAME	HOLMAN, ODIS B
STREET ADDRESS	1701 WEST LANE
CITY-ST-ZIP	LAKELAND FL
TITLE	SD
NAME	ESTRIDGE, SHARON D
STREET ADDRESS	707 MABEL AVE
CITY-ST-ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD William Zdanowicz
2.3 STREET ADDRESS	615 Mabel Ave
2.4 CITY-ST-ZIP	Lakeland, Florida 33805
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Bonnie Bouly* P/D Bonnie Bouly 2/13/95 813)686-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Include Phone #)