

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11112** (2)

1. Corporation Name
FAITH HARBOR, INC.



Principal Place of Business: **838 WANETA AVE LAKELAND FL 33801 US**
Mailing Address: **PO BOX 974 LAKELAND FL 33802 US**

3. Date Incorporated or Qualified: **09/17/1985**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **59-3043224**
5. Certificate of Status Desired: **FLX** \$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

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

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
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 agent 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 not stating) _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOULLY, BONNIE | 12 NAME | |
| STREET ADDRESS | 4404 LAKELAND HGLDS RD | 13 STREET ADDRESS | |
| CITY - ST - ZIP | LAKELAND FL | 14 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZDANOWICZ, WILLIAM | 22 NAME | |
| STREET ADDRESS | 615 MABEL AVE | 23 STREET ADDRESS | |
| CITY - ST - ZIP | LAKELAND FL | 24 CITY - ST - ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESTRIDGE, SHARON D | 32 NAME | |
| STREET ADDRESS | 707 MABEL AVE | 33 STREET ADDRESS | |
| CITY - ST - ZIP | LAKELAND FL | 34 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 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: *Bonnie Bouilly* President/Director February 3, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Bonnie Bouilly P/D**
Date: _____ Original Phone #: **941/686-3847**

CR2E037 (12/95)