

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90018 026 ****61.25

0056602

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11112

1. Corporation Name

FAITH HARBOR, INC.

Principal Place of Business

938 WANETA AVENUE
LAKELAND FL 33815
US

Mailing Address

P.O. BOX 974
LAKELAND FL 33802
US



2. Principal Place of Business

838 Waneta Ave

2a. Mailing Address

P.O. Box 974

3. Date Incorporated or Qualified

09/17/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3043224

Applied For

Not Applicable

City & State

Lakeland, Florida

City & State

Lakeland, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33815

Country

polk

Zip

33802

Country

Polk

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BOULLY, BONNIE
4404 LAKELAND HIGHLANDS RD
LAKELAND FL 33813

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 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 PD ☐ DELETE

NAME BOULLY, BONNIE
STREET ADDRESS 4404 LAKELAND HGLDS RD
CITY-ST-ZIP LAKELAND FL

TITLE VD ☐ DELETE

NAME ZDANOWICZ, WILLIAM
STREET ADDRESS 615 MABEL AVE
CITY-ST-ZIP LAKELAND FL

TITLE SD ☐ DELETE

NAME ESTRIDGE, SHARON D
STREET ADDRESS 707 MABEL AVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99 941-686-3847
Date Daytime Phone #

CR2E037 (1/98)