FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	7	DIVISION OF	CORPORATI	ONS				
DOCU 1. Corporatio	MENT # N1	1879	(6)						
FAITH	FUL FEW HOLINESS	CHURCH OF	GOD, INC.						
] 10011100 1001 11001 11001 11001			ATAN ERAN IAR
Principal Place	e of Business	Mail	ing Address						
2511 NW 14	STE.	17:	71 NW 25 TERR.						
FORT LAUDE	ERDALE FL 33311		LAUDERDALE FL 3	3311					
						3. Date Incorporated or Qualified	3a. Date	e of Last F	Report
						11/04/1985	0	3/20/19) 95
	lace of Business		Mailing Address			4. FEI Number		\rightarrow	pplied For
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.			59-2760699			lot Applicable
22	., •	27	sano, 7 4m. m, 6to.			Certificate of Status Desired		•	Additional Regulred
City & Stat	е		City & State			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zıp 24	Country 25	29	ip.	Country 30	/	This corporation has liability for in Florida Statutes			199.032,
<u> </u>	9. Name and Address o		red Agent	[30]		10. Name and Address of New Re	Yes N		
1				81	Name		<u> </u>	F	
	S, CHARLIE, JR.			82	Street A	Address (P.O. Box Number is Not Acceptable	<u> </u>		
1771 NORTHWEST 25TH TERRACE						<u> </u>			
FORT L	AUDERDALE FL 33311			83		-03/18/36011	0201	4	
				84	City	***61.25	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 6	317.0502 and 617.	1508. Florida Statut	es, the above-	named cor	poration submits this statement for the purp	coo of obon	gino ite re	nietorad office
Or register	red agent, or both, in the State ith, and accept the obligations	a di Fiorida. Such ç	nance was authoriz	ea by the cort	oration's t	polation submits this statement for the purposoard of directors. I hereby accept the appoint	ntment as re	gistered r	agent. I am
SIGNATURE	,	.,	oo, monaa otalatoo	•			•		
12.	Signature, typed or printed name of regis				nt signature rec	quired when reinstating)	DATE		
TITLE	P	ERS AND DIRECT	DELETE	13.	Т	ADDITIONS/CHANGES TO OFFICE		DIRECTOF Change	RS IN 12
NAME	RIGGINS, CHARLIE, JF	ો .		1.2 NAME		Riggins Chaelie 3	se 🗀	Onlinge	L.J AGGIIGH
STREET ADDRESS	1771 NW 25TH TERRA				ADDRESS	1791 nw 25 TELLAG	عد		
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CiTY-5	ST-ZIP		53311		
TITLE	V		DELETE	2 1 TITLE	· [V/D Core mos		Change	Addition
NAME	RIGGINS, ROSA MAE	.05		22 NAME		Riggins ROSA MAG	E		
STREET ADDRESS	1771 NW 25TH TERRA FT. LAUDERDALE FL	ICE		2 3 STREET	l.	1771 nw 25 1800	3 2 2 3 4		į
CITY - ST - ZIP TITLE	C	·	DELETE	2 4 CITY- 31 TITLE		Ct. Laudedale, FU D	<u> 3331 </u>	Change	Addition
NAME	AUSTIN, SARAH RUTH	I		3.2 NAME		Austin Sheah Ruth	2	Unding to	☐ Mainos
STREET ADDRESS	1029 NW 12 ST.			3.3 STREET	ADDRESS	1029 hw 12 5te			
CITY-ST-ZIP	FT. LAUDERDALEE FL	33311		3.4. CITY-	ST-ZIP	EX LAUDGEDAGE PU	11866	_	
TITLE	\$		DELETE	4.1 TITLE		S/T		Change	Addition
NAME	HARRIS, TERESA L.			4. 2 NAME		HARRIS, TELESA L.			
STREET ADDRESS CITY - ST - ZIP	5931 NW 15 STREET SUNRISE FL			4.3 STREET		5931 nu 15812	_		
TITLE	BT		DELETE	4.4 CITY - S 5.1 TITLE	11-ZIP	Sunlise FC 3331	₽ ₽	Change	Addition
NAME	MURAY, BARBARA H			5.2 NAME	- 1	mukeny, Baebaea +	↓	- mange	
STREFT ADDRESS	725 W. DANIA BCH. B	LVD.		5.3 STREET	ADDRESS	725 W DANIA BON 1	31vd		
City+St-ZiP	DANIA FL 33004			5.4 CiTY - S	i1-ZiP ,	Dania FU 3300			
TITLE	1		DELETE	61 TITLE	F	T	U	Charige	☐ Addition
NAME	MONROE, ISAIAH			62 NAME		monede, Isaiah			
STREET ADORESS	313 NW 10 ST.	^		63 STREET		313 NW 10 Ster	2000		
14. I do hereb	HALLANDALE FL 3300 y certify that the information s		ng is voluntarily furn	64 CITY - S shed and doe		fy for the exemption stated in Section 119.0	3009 7(3)(k), Florid	a Statute	s I further
cortify that	t the information indicated on t	this applied report of	r aumolomootal agai	int ronned in the		urata and that are placed on the liber of	1-11-71 - 10-10		

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.

PASTUR

SIGNATURE: Linear Regime I. CHARLIE RAGINSTR BISTUP I-22-96 954-739-8065

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR