

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 18 1997 8:00am  
Secretary of State

|  |   |   |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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| <b>DOCUMENT # N11879 (6)</b>  |
| 1. Corporation Name<br><b>FAITHFUL FEW HOLINESS CHURCH OF GOD, INC.</b> |

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|--|---|
| Principal Place of Business<br><b>2511 NW 14 STE.<br/>FORT LAUDERDALE FL 33311</b> | Mailing Address<br><b>1771 NW 25 TERR.<br/>FT LAUDERDALE FL 33311</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Sulte, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Sulte, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>11/04/1985</b>  | 3a. Date of Last Report<br><b>03/18/1996</b>           |
| 4. FEI Number<br><b>59-2760699</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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| 9. Name and Address of Current Registered Agent<br><b>RIGGINS, CHARLIE, JR.<br/>1771 NORTHWEST 25TH TERRACE<br/>FORT LAUDERDALE FL 33311</b> |  |
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|   |                       |
|---|-----------------------|
| 10. Name and Address of New Registered Agent          |                       |
| 81 Name   |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
| 83  |                       |
| 84 City   | <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |                         |
|----------------------------|-------------------------|
| 12. OFFICERS AND DIRECTORS |                         |
| TITLE                      | NAME                    |
| DP                         | RIGGINS, CHARLIE, JR.   |
| STREET ADDRESS             | 1771 NW 25TH TERRACE    |
| CITY - ST - ZIP            | FT. LAUDERDALE FL       |
| TITLE                      | NAME                    |
| VD                         | RIGGINS, ROSA MAE       |
| STREET ADDRESS             | 1771 NW 25TH TERRACE    |
| CITY - ST - ZIP            | FT. LAUDERDALE FL       |
| TITLE                      | NAME                    |
| D                          | AUSTIN, SARAH RUTH      |
| STREET ADDRESS             | 1029 NW 12 ST.          |
| CITY - ST - ZIP            | FT. LAUDERDALE FL 33311 |
| TITLE                      | NAME                    |
| ST                         | HARRIS, TERESA L.       |
| STREET ADDRESS             | 5931 NW 15 STREET       |
| CITY - ST - ZIP            | SUNRISE FL              |
| TITLE                      | NAME                    |
| T                          | MURAY, BARBARA H        |
| STREET ADDRESS             | 725 W. DANIA BCH. BLVD. |
| CITY - ST - ZIP            | DANIA FL 33004          |
| TITLE                      | NAME                    |
| T                          | MONROE, ISAIAH          |
| STREET ADDRESS             | 313 NW 10 ST.           |
| CITY - ST - ZIP            | HALLANDALE FL 33009     |

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| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY - ST - ZIP                                   |  |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  | <b>Monroe, Isaiah</b>  |
| 6.3 STREET ADDRESS                                    | <b>710 NW 19 Terrace</b>   |
| 6.4 CITY - ST - ZIP                                   | <b>ft. Laud. FL 33311</b>  |

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.

SIGNATURE \_\_\_\_\_

CR2E037 (4/97)