

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11879** (6)
1. Corporation Name

FAITHFUL FEW HOLINESS CHURCH OF GOD, INC.



Principal Place of Business 2511 NW 14 STE. FORT LAUDERDALE FL 33311	Mailing Address 1771 NW 25 TERR. FT LAUDERDALE FL 33311
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/04/1985	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2760699	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RIGGINS, CHARLIE, JR.
1771 NORTHWEST 25TH TERRACE
FORT LAUDERDALE FL 33311**

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	DP <input type="checkbox"/> DELETE
NAME	RIGGINS, CHARLIE, JR.
STREET ADDRESS	710 NW 19 TERR
CITY-ST-ZIP	FT LAUD FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	RIGGINS, ROSA MAE
STREET ADDRESS	1771 NW 25TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	AUSTIN, SARAH RUTH
STREET ADDRESS	1029 NW 12 ST.
CITY-ST-ZIP	FT. LAUDERDALE FL 33311
TITLE	ST <input type="checkbox"/> DELETE
NAME	HARRIS, TERESA L.
STREET ADDRESS	5931 NW 15 STREET
CITY-ST-ZIP	SUNRISE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MURAY, BARBARA H
STREET ADDRESS	725 W. DANIA BCH. BLVD.
CITY-ST-ZIP	DANIA FL 33004
TITLE	T <input type="checkbox"/> DELETE
NAME	MONROE, ISAIAH
STREET ADDRESS	313 NW 10 ST.
CITY-ST-ZIP	HALLANDALE FL 33009

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 type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Charlie Riggins* **CHARLIE RIGGINS JR.**

1-19-98 954 739-8065

CR2E037 (10/97)