

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 # N28221 (2)

1. Corporation Name

WORD OF FAITH EVANGELISTIC MINISTRIES, INC.

The Potter's House Christian Fellowship

nc 3.5.96

Principal Place of Business

Mailing Address

1150 S. LANE AVE.
JACKSONVILLE FL 32205
US

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JACKSONVILLE FL 32205
US



3. Date incorporated or Qualified
09/07/1988

3a. Date of Last Report
04/10/1995

4. FEI Number
59-2912536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAUGHLIN, VAUGHN M.
9824 BILLINGSGATE LANE S.
JACKSONVILLE FL 32205

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 **MCLAUGHLIN, VAUGHN M.**
STREET ADDRESS **9824 BILLINGSGATE LANE S**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VSD** ☐ DELETE
NAME **MCLAUGHLIN, NARLENE**
STREET ADDRESS **9824 BILLINGSGATE LANE S**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **SHIDER, RONALD**
STREET ADDRESS **1044 BLUE HILL DR N**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **FRANKLIN, RITA**
STREET ADDRESS **7027 QUEEN OF HEARTS CT**
CITY-ST-ZIP **JACKSONVILLE FL**

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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:

Narlene McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

Date

904-695-2837

Daytime Phone

CR2E037 (12/95)