FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1997

A

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 09 1997 8:00am

Secretary of State

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Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N29493

(6)

FAITH CHAPEL CHURCH OF GOD INC.

Principal Place of Business 32 E 6TH STREET O BOX 42490 3448 JACKSONVILLE FL 32206 044 US S)448				
					3. Date Incorporated or Qualified 11/30/1988	3a. Date of Last 05/01/19	Report 96
2. Principal Place of Business 2a. Mailing Address 21					4. FEI Number 59-2919906	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, 22 27		Suito, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
Zip 24			Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
^^^			0,	INDITIO			
SCOTT, EBED B. 452 BELFORT STREET 232 E. 8出 ST				Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
JACKSONVILLE FL 32206			83		_		
				0::	<u>•</u>	105 7.	- Codo
	•		84	City		FL 85 Zij	p Code
. Affice or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obligi	of Florida, Such change wa	s authorized by	the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changing of the appointment a	its registered as registered
SIGNATURE						DATE	
12,	Signature, typed or printed name of registered age OFFICERS ANI		OTE: Registered Age	nt signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	D DELETE		1.1 TOLE				
NAME	SCOTT, EBED B.		1,2 NAME		Scott, EBED B 2529 MYRA ST.		
STREET ADDRESS	2629 MYRA ST		1.3 STREET	ADDRESS	2529 MYRA ST.	•	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S				
TITLE	D DELETE		2.1 TITLE			☐ Change	Addition
NAME	TAYLOR, GLADYS		2.2 NAME				
STREET ADDRESS	2119 MCQUADE ST.		2.3 STREE1	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	PETER	2. 4 CITY - S	1-ZIP		Change	Addition
TITLE	D DOMESTIC	☐ DELETE	3.1 T(TLE		Williams, DONALD 7810 TORY PLE JACKSONVIlle, FIA	- Day Criange	, Monton
NAME	WILLIAMS, DONALD	ITU	3.2 NAME 3.3 STREET	ADDDCCC	7810 TORY PL &	7	
STREET ADDRESS	7540 LEGRANDE STREET, SOL JACKSONVILLE FL	חות		ADURESS	Tacksonwille FIA	72208	
CITY-ST-ZIP TITLE	JAUNSONVILLE PL	DELETE	3.4. CITY - S 4.1 TITLE	11-211	Shekstronke, 177	☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST				
TITLE		☐ DEL e te	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST	T- ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP