

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 # N31788 (5)

1. Corporation Name

COMMUNITY FAITH IN ACTION CENTER INC.



Principal Place of Business

Mailing Address

**1100 15TH STREET E
P.O. BOX 2108
BRADENTON FL 34208**

**1100 15TH STREET E
P.O. BOX 2108
BRADENTON FL 34208**

3. Date Incorporated or Qualified
04/24/1989

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1360182

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

23
Zip

25
Country

29
Zip

30
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMPSON, JOSEPH L
106 33RD. EAST
BRADENTON FL 34202**

106 133rd St. East

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

Joseph L. Thompson

Joseph L. Thompson

4/5/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DS** ☒ DELETE
NAME **DODGE, ALLAN T.**
STREET ADDRESS **8800 US 41N PINEY PT 103**
CITY-ST-ZIP **PALMETTO FL**

1.1 TITLE **DS** ☒ Change ☐ Addition
1.2 NAME **Dennis, Duane K.**
1.3 STREET ADDRESS **5019 17th St. East**
1.4 CITY-ST-ZIP **Bradenton, FL 34203**

TITLE **D** ☐ DELETE
NAME **JOHNSON, CHERIE S.**
STREET ADDRESS **906 28TH ST. E.**
CITY-ST-ZIP **BRADENTON FL 34208**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☒ DELETE
NAME **DEY, SHARON M**
STREET ADDRESS **6026 22ND. AVE DR. E.**
CITY-ST-ZIP **PALMETTO FL 34221**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **Waters, Duane**
3.3 STREET ADDRESS **315 15th St. East**
3.4 CITY-ST-ZIP **Bradenton, FL 34208**

TITLE **T** ☐ DELETE
NAME **THOMPSON, JOSEPH**
STREET ADDRESS **106 133RD STREET EAST**
CITY-ST-ZIP **BRADENTON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILLIAMS, MAYE D.**
STREET ADDRESS **3203 8TH AVE., EAST**
CITY-ST-ZIP **PALMETTO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600001773486

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*****61.25**

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:

Duane K. Dennis

Duane K. Dennis

4/5/96 (941) 753-5801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)