FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35017** **(5)**

1. Corporation Name
FAITH CHAPEL, INC.

Principal Place of Business	Mailing Address
3221 APALACHEE PARKWAY TALLAHASSEE FL 32311	3221 APALACHEE PARKWAY TALLAHASSEE FL 32311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1989**
3a. Date of Last Report: **06/21/1994**
4. FEI Number: **59-2977829** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LAMB, MARION D III
1972 RAYMOND DIEHL ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100001475091 -05/04/95--01016--007 *****61.25 *****61.25
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	TILL, JOHN M	12 NAME		
STREET ADDRESS	95 FRANKLIN HEIGHTS	13 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN SPRINGS FL	14 CITY-ST-ZIP		
TITLE	~~DVP~~	21 TITLE	DVP	☒ Change ☐ Addition
NAME	~~MCINVALE, RUTH~~	22 NAME	TILL, JACOB E.	
STREET ADDRESS	~~621 MAPLEWOOD DR.~~	23 STREET ADDRESS	RT 3 BOX 1916	
CITY-ST-ZIP	~~TALLAHASSEE FL~~	24 CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	PULSIFER, DAVID	32 NAME		
STREET ADDRESS	1231 REDFIELD ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301	34 CITY-ST-ZIP		
TITLE	DP	41 TITLE		☐ Change ☐ Addition
NAME	JACOBSON, JIM	42 NAME		
STREET ADDRESS	507 CONCORD ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP		
TITLE	DS	51 TITLE		☐ Change ☐ Addition
NAME	BLANTON, ED	52 NAME		
STREET ADDRESS	RT. 3 BOX 142-K	53 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344	54 CITY-ST-ZIP		
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	CARTER, JACK	
STREET ADDRESS		63 STREET ADDRESS	3366 TANSEY CT.	
CITY-ST-ZIP		64 CITY-ST-ZIP	TALLAHASSEE, FL 32308	CH

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: James Jacobson 4-25-95 (904) 942-0656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES JACOBSON, PRESIDENT

0087605