

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

APPROVED
AND
FILED

96 MAY 23 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35017**

1. Corporation Name

Faith Chapel, Inc.

Principal Place of Business

Mailing Address

3221 Apalachee Parkway
Tallahassee, Florida 32311

800001837918
-05/24/96--01020--004
*****70.00 *****70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 3221 Apalachee Parkway		26 3221 Apalachee Parkway		11/02/89	4/28/95
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 N/A		27 N/A		59-2977829	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Tallahassee, Florida		28 Tallahassee, Florida		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 32311		29 32311		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jacobson, Jim
3326 Lucky Debonair Trail
Tallahassee, Florida 32308

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Jim Jacobson

Jim Jacobson

(NOTE: Registered Agent signature required when reinstating)

5/23/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	
NAME	Till, John M.	1.2 NAME	
STREET ADDRESS	95 Franklin Heights	1.3 STREET ADDRESS	
CITY-ST-ZIP	Franklin Springs, Florida	1.4 CITY-ST-ZIP	
TITLE	Director/Vice President	2.1 TITLE	
NAME	Till, Jacob E.	2.2 NAME	
STREET ADDRESS	Rt. 3, Box 1816	2.3 STREET ADDRESS	
CITY-ST-ZIP	Quincy, Florida 32351	2.4 CITY-ST-ZIP	
TITLE	Director/Treasurer	3.1 TITLE	
NAME	Pulsifer, David	3.2 NAME	
STREET ADDRESS	1231 Redfield Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Florida 32301	3.4 CITY-ST-ZIP	
TITLE	Director/President	4.1 TITLE	
NAME	Jacobson, Jim	4.2 NAME	
STREET ADDRESS	3326 Lucky Debonair Trail	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Florida 32351	4.4 CITY-ST-ZIP	
TITLE	Director/Secretary	5.1 TITLE	
NAME	Blanton, Ed	5.2 NAME	
STREET ADDRESS	Rt. 3, Box 142-K	5.3 STREET ADDRESS	
CITY-ST-ZIP	Monticello, Florida 32344	5.4 CITY-ST-ZIP	
TITLE	Director	6.1 TITLE	
NAME	Carter, Jack	6.2 NAME	
STREET ADDRESS	3366 Tansey Court	6.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Florida 32308	6.4 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:

Jim Jacobson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Jacobson

Date

5/23/96

894-9631

Daytime Phone #

CR2E037 (12/95)