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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N35331 (0)

1. Corporation Name
FAITH EVANGELISTIC CENTER, INC.



Principal Place of Business Mailing Address
7169 NW 17 AVE. MIAMI FL 33142 US
3011 NW 183 ST. MIAMI FL 33056-3535 US

3. Date Incorporated or Qualified 11/22/1989
3a. Date of Last Report 05/01/1996

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

4. FEI Number 59-2999727
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, DAISY
3011 NW 183RD ST.
MIAMI FL 33056

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: Daisy Jones (Pastor) President Daisy Jones 2-26-97
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 PD JONES, DAISY DELETED
NAME JONES, DAISY
STREET ADDRESS 3011 NW 183 ST
CITY - ST - ZIP MIAMI FL
TITLE T THOMPSON, NATHANIEL DELETED
NAME THOMPSON, NATHANIEL
STREET ADDRESS 12401 NW 27 AVE. T 135
CITY - ST - ZIP MIAMI FL
TITLE SD THOMPSON, WILLIE M DELETED
NAME THOMPSON, WILLIE M
STREET ADDRESS 12401 NW 27TH AVE., #T135
CITY - ST - ZIP MIAMI FL
TITLE DELETED
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE: Daisy Jones REQUIRED 2-26-97
Signature typed or printed name of signing officer or director Date Daytime Phone # 0025113

CP2E037 (9/96)