

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 # N41454 (2)
1. Corporation Name
FAITH MISSION, INC.



Principal Place of Business
**250 NORTH GULF BLVD.
CRYSTAL BEACH FL 34681**

Mailing Address
**250 NORTH GULF BLVD.
CRYSTAL BEACH FL 34681**

3. Date Incorporated or Qualified
12/31/1990

3a. Date of Last Report
01/26/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0774179		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**ALTMAN, CHARLES
250 NORTH GULF DRIVE
CRYSTAL BEACH FL 34681**

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, CHARLES	1.2 NAME	
STREET ADDRESS	250 NORTH GULF BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREDEMEIER, C.W.A.	2.2 NAME	
STREET ADDRESS	P.O BOX 288 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, RICHARD	3.2 NAME	
STREET ADDRESS	3770 W. PORCUPINE LN.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DUNNELLON FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, HELEN	4.2 NAME	
STREET ADDRESS	3770 W. PORCUPINE LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DUNNELLON FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, BETTY EARL	5.2 NAME	
STREET ADDRESS	3025 GREENLEAF ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ALLENTOWN PA	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKERT, E.L., JR	6.2 NAME	
STREET ADDRESS	4025 HARBOR HILLS RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	CHATTANOOGA TN	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: *Charles Altman* (**CHARLES ALTMAN**) JAN. 29-1996-813-784-3657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)