

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 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 # **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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified
12/31/1990

3a. Date of Last Report
02/09/1996

4. FLI Number
59-0774179

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

**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 fee if applicable

(NOTE - Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ALTMAN, CHARLES**
STREET ADDRESS **250 NORTH GULF BLVD.**
CITY-ST-ZIP **CRYSTAL BEACH FL**

TITLE **D** ☐ DELETE
NAME **BREDEMEIER, C.W.A.**
STREET ADDRESS **P.O BOX 288 N/A**
CITY-ST-ZIP **CRYSTAL BEACH FL**

TITLE **D** ☐ DELETE
NAME **FULLER, RICHARD**
STREET ADDRESS **3770 W. PORCUPINE LN.**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **D** ☐ DELETE
NAME **FULLER, HELEN**
STREET ADDRESS **3770 W. PORCUPINE LANE**
CITY-ST-ZIP **DUNNELLON FL**

TITLE **D** ☐ DELETE
NAME **HUFFMAN, BETTY EARL**
STREET ADDRESS **3025 GREENLEAF ST.**
CITY-ST-ZIP **ALLETOWN PA**

TITLE **D** ☐ DELETE
NAME **MARKERT, E.L., JR**
STREET ADDRESS **4025 HARBOR HILLS RD.**
CITY-ST-ZIP **CHATTANOOGA TN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/T** ☐ Change ☒ Addition
1.2 NAME **TOUCHTON, JERRY**
1.3 STREET ADDRESS **4412 ALLIGATOR DR.**
1.4 CITY-ST-ZIP **NEW PORT RICHEY, FL.**

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

CR2E037 (9/96)