

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # **N41454** (2)  
1. Corporation Name  
**FAITH MISSION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>250 NORTH GULF BLVD.<br/>CRYSTAL BEACH FL 34681</b> | Mailing Address<br><b>250 NORTH GULF BLVD.<br/>CRYSTAL BEACH FL 34681</b> |
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|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |                                       |                               |
|---|---------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/31/1990</b>  | 4. FEI Number<br><b>59-0774179</b>    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |                               |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                                       |                               |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                               |

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| 9. Name and Address of Current Registered Agent<br><b>ALTMAN, CHARLES<br/>250 NORTH GULF DRIVE<br/>CRYSTAL BEACH FL 34681</b> |
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| 10. Name and Address of New Registered Agent<br>81 Name <b>JERRY D. TOUCHTON</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>4412 ALLIGATOR DRIVE</b><br>83<br>84 City <b>NEW PORT RICHEY FL</b> 85 Zip Code <b>34653</b> |
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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 *Jerry D. Touchton* DATE **03-07-98**  
(NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>ALTMAN, CHARLES</b>                              | 1.2 NAME  | <b>JERRY D. TOUCHTON</b>  |
| STREET ADDRESS             | <b>250 NORTH GULF BLVD.</b>                         | 1.3 STREET ADDRESS                                    | <b>4412 ALLIGATOR DRIVE</b>   |
| CITY-ST-ZIP                | <b>CRYSTAL BEACH FL</b>                             | 1.4 CITY-ST-ZIP                                       | <b>NEW PORT RICHEY FL 34653</b>   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       | <b>BREDEMEIER, C.W.A.</b>                           | 2.2 NAME  | <b>JON FORD</b>   |
| STREET ADDRESS             | <b>P.O. BOX 288 N/A</b>                             | 2.3 STREET ADDRESS                                    | <b>P.O. BOX 524 N/A</b>   |
| CITY-ST-ZIP                | <b>CRYSTAL BEACH FL</b>                             | 2.4 CITY-ST-ZIP                                       | <b>CRYSTAL BEACH FL 34681</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       | <b>FULLER, RICHARD</b>                              | 3.2 NAME  | <b>ROBERT CURTIS</b>  |
| STREET ADDRESS             | <b>3770 W. PORCUPINE LN.</b>                        | 3.3 STREET ADDRESS                                    | <b>668 SAMANTHA DRIVE</b>   |
| CITY-ST-ZIP                | <b>DUNNELLON FL</b>                                 | 3.4 CITY-ST-ZIP                                       | <b>PALM HARBOR FL 34683</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | <b>FULLER, HELEN</b>                                | 4.2 NAME  |   |
| STREET ADDRESS             | <b>3770 W. PORCUPINE LANE</b>                       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DUNNELLON FL</b>                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | <b>HUFFMAN, BETTY EARL</b>                          | 5.2 NAME  |   |
| STREET ADDRESS             | <b>3025 GREENLEAF ST.</b>                           | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ALLEN TOWN PA</b>                                | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |
| NAME                       | <b>MARKERT, E.L., JR</b>                            | 6.2 NAME  |   |
| STREET ADDRESS             | <b>4025 HARBOR HILLS RD.</b>                        | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CHATTANOOGA TN</b>                               | 6.4 CITY-ST-ZIP                                       |   |

14. I 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: *Jerry D. Touchton* DATE **03-07-98** (813) 942-5035

CR2037 (10/97)