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Secretary of State

03-22-1999 90058 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41454**

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**

247763 - 90058 - 40



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/31/1990
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0774179
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
30		

9. Name and Address of Current Registered Agent

**TOUCHTON, JERRY D
4412 ALLIGATOR DR
NEW PORT RICHER FL 34683**

10. Name and Address of New Registered Agent

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	STD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOUCHTON, JERRY D	1.2 NAME	TOUCHTON, JERRY D
STREET ADDRESS	4412 ALLIGATOR DRIVE	1.3 STREET ADDRESS	4412 ALLIGATOR DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREDEMEIER, C.W.A.	2.2 NAME	
STREET ADDRESS	PO BOX 524 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL BEACH FL 34681	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, BETTY EARL	5.2 NAME	
STREET ADDRESS	3025 GREENLEAF ST.	5.3 STREET ADDRESS	3024 GREENLEAF ST.
CITY-ST-ZIP	ALLETOWN PA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	P <input checked="" 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-20-99 (727) 942-5035

CR2E037 (11/98)

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N41454

NONPROFIT CORPORATON ANNUAL REPORT - 1999
BOX 12 ADDENDUM

Faith Mission, Inc. Officers and Directors (continued)

D
CURTIS, ROBERT
608 SAMANTHA DRIVE
PALM HARBOR FL 34683

D
FORD, JON
P.O. BOX 524 N/A
CRYSTAL BEACH FL 34681

VP/D
HUFFMAN, DONALD
3024 GREENLEAF STREET
ALLENTOWN PA 18104

D
STOKES, ARTHUR
P.O. BOX 234 N/A
ROUND TOP TX 78954