	FILE NOW: FIL	ING FEE IS \$61.2	25	_	
° cc	IONPROFIT DRPORATION NUAL REPORT	FLORIDA DEPARTME Sandra B. Mc Secretary of DIVISION OF COR	ent of State ortham		
DOCU	JMENT # N4392	20 (0)			
	ater faith Christian Cei	NTER MINISTRIES, INC.		4 10411161 Ell 6/466 11(4E 1646 1(6E)	nası alam kıdın bibir bibir bibir bibir bibir
					
Principal Place of Business Mailing Address				[10043101 Att other title same nam.	PER PROPERTY ENGINEERING CONTRACTOR
5727 S.W. 170TH ST. 5727 S.W. 170TH ST. ARCHER FL 32618-9442 ARCHER FL 32618-9442					
				3. Date incorporated or Qualified 06/18/1991	3a. Date of Last Report 03/08/1995
_	I Place of Business	2a. Mailing Address		4. FEI Number 59-3070663	Applied For Not Applicable
21 Suite, A	pt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 60 City & S	D W HEAGY AVE	City & State		Election Campaign Financing	\$5.00 May Be
23 AR	CHER, FL Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to 1 603
24 3 <u>2</u>	618 25 USA	29 30	<u> </u>		☐ Yes ☐ No
	9. Name and Address of Curr	rent Registered Agent	81 Name	(O. Haire and Addition of the control	
MURPHY, MELISSA JAY 2700 NW 43RD STREET			82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)
			83		
SUITE	e C Esville fl 32 6 06				85 Zip Code
			1 1 2 2		FL '
	ant to the provisions of Sections 617.05 istered agent, or both, in the State of Fi ar with, and accept the obligations of, Se		ne above-named corpor y the corporation's boa	oration submits this statement for the pu and of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATUR	Signature, typed or printed name of registered a	pent and title if anolicable (NOTE R	ogistered Agent signature requir	ed when reinstating)	DATE
12.		AND DIRECTORS	13.	ADD/TIONS/CHANGES TO OFF	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	JOHNSON, KELVIN L. 5727 SW 170TH STREET		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDR	ADCHED EI		1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2.1 TITLE	ILE-PRESIDENT	Change Addition
NAME	JOHNSON, SHARON P.		22 NAME	TENRY JOHNSON	
STREET ADDR	ADOUGD EL		2 3 STREET ADDRESS 2 2 4 CITY-ST-ZIP	ARCHER, FL 326	18
TITLE	STD	[_]DELETE	3.1 TITLE		Change Addition
NAME	ETIENNE, DOROTHY L.		3.2 NAME		
STREET ADDR			3 3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE NAME	•	L	4. 2 NAME		
STREET ADOR	RESS		4.3 STREET ADDRESS		
CHTY-ST-ZIF	o	Florette	44 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		DELETE	51 TITLE 52 NAME		
NAME CTREET ADD	DCCC		5.3 STREET ADDRESS		
STREET ADDI			5 4 CITY-SI-ZIP		
TITLE		DELETE	61 TITLE	4000018	472904nge Addition
NAME			6.2 NAME	-06/03/9601	0Z1051
STREET ADD	RESS		6 3 STREET ADDRESS	***61.25	

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 rank appears in Block 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPLO AR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date 64 CHTY-ST-ZIP

CR2E037 (12/95)