FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45195

1. Corporation Name

5195 (7)

THE CHURCH OF GOD OF THE ABRAHAMIC FAITH, GAINES VILLE, FLORIDA, INCORPORATED

7512 N.W. 218 ST

Principal Place of Business

Mailing Address

7512 N.W. 218 ST ALACHUA FL 32615-7066

FILED Jan 15 1997 8:00am Secretary of State



Daytime Phone #0011414

ALACHUA FL 32615				ALACHUA FL 32615-7068										
									3. Date Incorporated or Qualified 09/16/1991	3a. Da	e of Las 8/22/	st Repo 1996	ort	
2. Principal Place of Business 21				2a. Mailing Address 26				4. FEI Number NOT APPLICABLE				ed For		
Suite, Apt. #, etc				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State				City & State			6		6. Election Campaign Financing		\$5.00 May Be Added to Fees			
23] Zip		Country	28	?ip	Cou	intry			Trust Fund Contribution 8. This corporation has liability for	ntangible				
24		25	29		30					Yes [,, 0. 1.	70.002,	
	9. Name	and Address of Curre	nt Registe	red Agent		1			10. Name and Address of New Re	gistered A	gent			
						81	Name							
TAYLOR, WILLIAM A 7512 N.W. 218 ST.							Street	Addre	dress (P.O. Box Number is Not Acceptable)					
	4. 218 31. A FL 32615	5												
	.,					84	City	,		FL	85 Z	Zip Cod	de	
	m familiar w	or printed name of registered ag	ations of,	Section 617.0503, F	lorida Sta	tutes	S.		on's board of directors. I hereby accept d when reinstating)	DATE				
12.		OFFICERS AN	ID DIRECT		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	rors i	N 12	
TITLE	D			DELETE	1.1 T	ITLE		T			☐ Chan	ge [Addition	
NAME		Delbert			1.2 N	AME		Ì						
STREET ADDRESS		N. 202 ST.			1.3 S	TREET	ADDRESS							
CITY-ST-ZIP		A FL 32615			1.4 0	ITY - S	T-ZIP	ļ						
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NAME		ONALD F			2.2 N									
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NAME STREET ADORESS		V. 218 ST.			3.2 N		ADDRESS	İ						
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NAME					6.2 N	IAME								
STREET ADDRESS					6.3 \$	TREET	ADDRESS							
CITY-ST-ZIP			<u>.</u>				ST-ZIP	<u> </u>						
information I am an o	n indicated fficer or dire	on this annual report or	suppleme or the rece	ntal annual report is iver or trustee empo	true and wered to	acci	urate and	d that r	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega as required by Chapter 617, Florida S	al effect as	if made	e unde	r oath; th	