## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORTATIONS

1998

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT # N47757

(2)

THE FAITH WESLEYAN CHURCH, INC.

## FILED Mar 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						
			LANTATION DRIVE LEBURG FL 32068-6867			3. Date Incorporated or Qualified  03/06/1992  4. FEI Number  59-3024921  Not Applied For
21	lace of Business	26				5. Certificate of Status Desired \$8.75 Additional Fee Required
Sulte, Apt. 22 City & State		27	Suite, Apt. #, etc. 27 City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
23 Zip	Country	28	28			7. Is this nonprofit corporation a homeowners association?  Yes No
24	25	29	30	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				-		10. Name and Address of New Registered Agent
				81	Name	
LAMB, CAREY E.				82	Street A	Address (P.O. Box Number is Not Acceptable)
2248 CARNES STREET				-		· · · · · · · · · · · · · · · · · · ·
ORANGE PARK FL 32073				63		·
				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			1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	<del>-</del> ' ' ' ∎ '		.1 TITLE		☐ Change ☐ Addition
NAME	= - · · = · • · · · · · · · · · · · · · · ·		1.3	.2 NAME		
\$TREET ADDRESS			1.7	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL			1.4 City-St-ZiP		
TITLE	SD DELETE		DELETE 2.	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, RONALD		2.	22 NAME		· ·
STREET ADDRESS			2.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073			2. 4 CITY - ST - ZIP		
TITLE	TD DELETE			3.1 TITLE		Change Addition
			3.2 NAME			
STREET ADDRESS 1731 HOWARD COURT				3.3 STREET ADDRESS		
CITY-ST-ZIP ORANGE PARK FL 32073				3.4. CITY-ST-ZIP		

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 chapted, or on an attachment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

NlA

SIGNATURE: Konald Johnson

POTEAT, GARY

P.O. BOX 1618

WIGGS, RODGER

2716 DENNIS DR.

**ORANGE PARK FL** 

MIDDLEBURG FL 32068

SONALD JOHNSON 1/29/9:

1/29/97 904-269-567

Change

Change

Addition

■ Addition

Addition

CR2E037 (10/97