

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90095 025 \*\*\*\*61.25

**DOCUMENT # N47757**

1. Corporation Name

**THE FAITH WESLEYAN CHURCH, INC.**

Principal Place of Business

**582 PLANTATION DRIVE  
MIDDLEBURG FL 32068-6867**

Mailing Address

**582 PLANTATION DRIVE  
MIDDLEBURG FL 32068-6867**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**03/06/1992**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3024921**

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMB, CAREY E.  
2248 CARNES STREET  
ORANGE PARK FL 32073**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D**  
**LUNDY, JAMES**  
STREET ADDRESS **1182 SURREY GLEN ROAD**  
CITY-ST-ZIP **MIDDLEBURG FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **SD**  
**JOHNSON, RONALD**  
STREET ADDRESS **1731 HOWARD COURT**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **TD**  
**JOHNSON, GAIL**  
STREET ADDRESS **1731 HOWARD COURT**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D**  
**POTEAT, GARY**  
STREET ADDRESS **P.O. BOX 1618 N/A**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **P**  
**WIGGS, RODGER**  
STREET ADDRESS **2716 DENNIS DR.**  
CITY-ST-ZIP **ORANGE PARK FL**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED Sec. Dir.

3/14/99

904-269-5671

Date

Daytime Phone #

CR2E037 (11/98)