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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N49194

1. Corporation Name

FAITH BAPTIST FELLOWSHIP OF ATLANTIC BEACH, INC.

Principal Place of Business
**739 BRAZEAL LANE
ATLANTIC BEACH FL 32233
US**

Mailing Address
**739 BRAZEAL LANE
ATLANTIC BEACH FL 32233
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/02/1992

4. FEI Number

59-3125965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ABREU, SAMUEL
2630 STATE RD A1A #22
ATLANTIC BEACH FL 32233**

10. Name and Address of New Registered Agent

81 Name

ABREU, SAMUEL

82 Street Address (P.O. Box Number is Not Acceptable)

1166 MAKUA AVES

83

84 City

ATLANTIC BEACH

85

Zip Code

32233

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

Samuel Abreu

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
HIGHSMITH, JOSEPH
STREET ADDRESS **1410 BEACH BLVD #37**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ DELETE

NAME **VP**
MULLIS, LESTER
STREET ADDRESS **1611 MAIN ST**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE ☐ DELETE

NAME **S**
ABREU, SAMUEL
STREET ADDRESS **2630 ST. ROAD A1A**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE ☒ DELETE

NAME **T**
~~**BEST, EARL EDWARD**~~
STREET ADDRESS ~~**3318 EISEL COURT**~~
CITY-ST-ZIP ~~**JACKSONVILLE FL 32226**~~

TITLE ☐ DELETE

NAME **P**
HIGHSMITH, GEORGE
STREET ADDRESS **2073 MAYPORT RD**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE ☐ DELETE

NAME **D**
HIGHSMITH, W. GEORGE
STREET ADDRESS **2073 MAYPORT ROAD**
CITY-ST-ZIP **ATLANTIC BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

FREDERICK SQUIRES
1115 SEBAGO AVE S
ATLANTIC BEACH FL 32233

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Samuel Abreu *George Highsmith* **4/18/99** **(604) 249-7834**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)