

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000259 (3)

1. Corporation Name

FAITH CHRISTIAN FELLOWSHIP OF CHARLOTTE COUNTY,
INC.



Principal Place of Business

Mailing Address

X9

949

3. Date Incorporated or Qualified
11/12/1992

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 24901 SANDHILL BLVD -1

26 24901 SANDHILL BLVD -1

4. FEI Number
65-0359188

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PORT CHARLOTTE FL

27

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

23 33983

28 PORT CHARLOTTE FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 Charlotte

29 33983

30 CHARLOTTE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JOHN B. JOINER III

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

25106 BOLIVAR DR.

83

84

City PORT CHARLOTTE

FL

85

Zip Code 33983

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

John B. Joiner III

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering.)

1-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D. B. Joiner

NAME

STREET ADDRESS

CITY-ST-ZIP

PUNTA GORDA FL 33950

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PUNTA GORDA FL 33982

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PUNTA GORDA FL 33982

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PUNTA GORDA FL 33982

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PUNTA GORDA FL 33982

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PUNTA GORDA FL 33982

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PUNTA GORDA FL 33982

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

JOHN B. JOINER III

25106 BOLIVAR DR.

PORT CHARLOTTE, FL 33983

D

PAM JOINER

25106 BOLIVAR DR.

PORT CHARLOTTE FL 33983

D

SCOTT JOINER

97 SABAL DR.

PUNTA GORDA FL 33950

D

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***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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John B. Joiner III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

(941) 255-3199

Date

Daytime Phone #

CR2E037 (12/95)