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May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N92000000259 (3)

1. Corporation Name

FAITH CHRISTIAN FELLOWSHIP OF CHARLOTTE COUNTY,
INC.

Principal Place of Business

24901 SAND HILL BLVD-1
PORT CHARLOTTE FL 33983

Mailing Address

24901 SAND HILL BLVD-1
PORT CHARLOTTE FL 33983-5204



3. Date Incorporated or Qualified
11/12/1992

3a. Date of Last Report
03/04/1996

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

4. FEI Number

65-0359188

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

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

JOINER, JOHN B III
25106 BOLIVAR DR
PORT CHARLOTTE FL 33983

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

John B. Joiner III

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOINER, JOHN B III	
STREET ADDRESS	25106 BOLIVAR DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOINER, PAM	
STREET ADDRESS	25106 BOLIVAR DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOINER, SCOTT	
STREET ADDRESS	97 SABAL DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TREASURER
3.2 NAME	JOINER, SCOTT
3.3 STREET ADDRESS	97 SABAL DR
3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
4.1 TITLE	DIRECTOR
4.2 NAME	STEVENS, KEITH
4.3 STREET ADDRESS	1231 TYRONE STREET
4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

John B. Joiner III

CP2E037 (9/96)