

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 # **N94000002289 (6)**

1. Corporation Name

THE LIVING FAITH CHURCH OF COLUMBIA COUNTY, INC.



Principal Place of Business

Mailing Address

RT 18 BOX 540
SISTERS WELCOME RD
LAKE CITY FL 32025

RT 18 BOX 540
SISTERS WELCOME RD
LAKE CITY FL 32025

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 7264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Lake City, FL

Zip

Country

Zip

Country

24

25

29

32056

30

Columbia

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEELER, EARL
ROUTE 15, BOX 1387
LAKE CITY FL 32055**

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

EARL Peeler

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

(NOTE: Registered Agent signature required when reinstating)

2-5-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **PEELER, EARL**

STREET ADDRESS **BOX 2238**

CITY - ST - ZIP **LAKE CITY FL 32055**

TITLE **VD** ☒ DELETE

NAME **KRAMER, DON**

STREET ADDRESS **3211 GREGG STREET**

CITY - ST - ZIP **LAKE CITY FL 32055**

TITLE **ST** ☐ DELETE

NAME **MARSHALL, DALE**

STREET ADDRESS **RT 3 BOX 1083**

CITY - ST - ZIP **LAKE CITY FL 32025**

TITLE **T Reddish** ☐ DELETE

NAME **REDDISH, JEWELL**

STREET ADDRESS **RT 17 BOX 343A**

CITY - ST - ZIP **LAKE CITY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change ☐ Addition

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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:

EARL Peeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-96

Date

904-755-0117

Daytime Phone #

CR2E037 (12/95)