

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005437 (8)

1. Corporation Name

THE FAITH FOUNDATION, INC.

Principal Place of Business

1102 W EUCLID AVENUE
DELAND FL 32720
US

Mailing Address

P.O. BOX 1898
DELEON SPRINGS FL 32130
US

FILED
Sep 10 1996 8:00 am
Secretary of State

REINSTATEMENT 96

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 940 Green's Dairy Rd.		26 P.O. Box 1898		11/01/1994		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3276679		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 DeLand, Fl.		28 DeLeon Springs, Fl.		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 32720		29 32130		30 Volusia			
Country		Country					
25 Volusia		30 Volusia					

9. Name and Address of Current Registered Agent

BROOKS, KAREN D
1102 W EUCLID AVENUE
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name Karen D. Brooks
82 Street Address (P.O. Box Number is Not Acceptable) 940 Green's Dairy Rd.
83
84 City Deland FL 85 Zip Code 32720

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

Karen D. Brooks President
(NOTE: Registered Agent signature required when reinstating)

09/05/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, KAREN D	
STREET ADDRESS	565 RYLANE STREET	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADDOX, DEBORAH L	
STREET ADDRESS	1171 GLENWOOD TRAILS	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHOMIN, CARRIE B	
STREET ADDRESS	P.O. BOX 856 N/A	
CITY-ST-ZIP	PIERSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, PAULETTE	
STREET ADDRESS	1095 GLENWOOD TRAILS	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, NATALIE K	
STREET ADDRESS	2172 N 15A	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, LEISA W	
STREET ADDRESS	1545 W BERESFORD ROAD	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	800001955498
2.3 STREET ADDRESS	-09/25/96--01063--004
2.4 CITY-ST-ZIP	***236.25 ***236.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	JB 9-19-96
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Collins, Paulette
4.3 STREET ADDRESS	1545 W. Beresford Rd.
4.4 CITY-ST-ZIP	DeLand, Fl. 32720
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 checked="" type="checkbox"/> Addition
6.2 NAME	D Maddox, Ruth
6.3 STREET ADDRESS	125 S. Marydell Ave.
6.4 CITY-ST-ZIP	DeLand, Fl. 32720

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/05/96 (904)738-5021
Date Daytime Phone #