

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
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DOCUMENT # N95000002998 (1)

1. Corporation Name

FLORIDA FAITH MINISTRIES INTERNATIONAL, INC.



Principal Place of Business P.O. BOX 896 SAFETY HARBOR FL 34695-0896	Mailing Address P.O. BOX 896 SAFETY HARBOR FL 34695-0896
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3. Date Incorporated or Qualified 06/23/1995	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-8324790	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THRASHER, PAUL W 1355 HARBOR HILL PKWY SAFETY HARBOR FL 34695-4154	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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

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

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

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	Richardson, Myron
STREET ADDRESS	6429 Kilbeggan Way
CITY-ST-ZIP	Elk Grove, CA 95258
TITLE	<input type="checkbox"/> DELETE
NAME	Richardson, Shirley
STREET ADDRESS	6429 Kilbeggan Way
CITY-ST-ZIP	Elk Grove, CA 95258
TITLE	<input type="checkbox"/> DELETE
NAME	Roberts, Thomas
STREET ADDRESS	1643 Adview Rd. SE.
CITY-ST-ZIP	Palm Bay FL 32909
TITLE	<input type="checkbox"/> DELETE
NAME	Thrasher, Carroll
STREET ADDRESS	1355 Harbor Hill Pkwy
CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	<input type="checkbox"/> DELETE
NAME	Thrasher, Ida
STREET ADDRESS	1355 Harbor Hill Pkwy
CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	<input type="checkbox"/> DELETE
NAME	D. President
STREET ADDRESS	Thrasher, Paul
CITY-ST-ZIP	1355 Harbor Hill Pkwy Safety Harbor FL 34695

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/96 (80) 726-6856

Date

Daytime Phone #

CR2E037 (12/95)