

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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
--	--

3. Date Incorporated or Qualified 06/23/1995	3a. Date of Last Report 04/06/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-3324790 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent

**THRASHER, PAUL W
1355 HARBOR HILL PKWY
SAFETY HARBOR FL 34695-4154**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	Trusted <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, MYRON	1.2 NAME	Roberts, Frank
STREET ADDRESS	6429 LILBEGGAN WAY	1.3 STREET ADDRESS	1643 Advew Rd. SE
CITY-ST-ZIP	ELK GROVE CA 95258	1.4 CITY-ST-ZIP	Palm Bay FL 32909
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Trusted <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, SHIRLEY	2.2 NAME	Roberts, Drupe H.
STREET ADDRESS	6429 KILBEGGAN WAY	2.3 STREET ADDRESS	1643 Advew Rd. SE
CITY-ST-ZIP	ELK GROVE CA 95258	2.4 CITY-ST-ZIP	Palm Bay FL 32909
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, THOMAS	3.2 NAME	
STREET ADDRESS	1643 ADVIEW RD SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32909	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASHER, CARROLL	4.2 NAME	
STREET ADDRESS	1355 HARBOR HILL PKY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASHER, IDA	5.2 NAME	
STREET ADDRESS	1355 HARBOR HILL PKY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASHER, PAUL	6.2 NAME	
STREET ADDRESS	1355 HARBOR HILL PKY	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)