

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000003685

1. Entity Name
FAITH CHURCH OF GOD IN CHRIST INC.



Principal Place of Business

3605 53RD ST
TAMPA, FL 33619 US

Mailing Address

C/O MARION QUARTERMAN
3802 55 ST.
TAMPA, FL 33619



04102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3362454

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUARTERMAN, MARION
3802 55 ST.
TAMPA, FL 33619

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000898234
04/25/08-80080-002 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/T
QUARTERMAN CRAWFORD, MARION
3802 55 ST.
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROOSEVELT, CRAWFORD
3711 E. NORTH BAY
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
QUARTERMAN, JOHNN
3201 DERAY DR
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
QUARTERMAN, BETHA M
211 E. START FORD ST.
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PALMORE, WILLIE C
3802 55TH ST.
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marion Crawford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08 8138302398

Date

Daytime Phone #