

FILE NOW: FILING FEE IS \$61.25

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97 JUN 26 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003740 (6)**

1. Corporation Name

FAITH CHRISTIAN TRAINING CENTER & DAYCARE, INC.

Principal Place of Business 1509 MAYPORT ROAD ATLANTIC BEACH FL 32233-1944	Mailing Address 1509 MAYPORT ROAD ATLANTIC BEACH FL 32233-1944
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 08/04/1995	3a. Date of Last Report 04/19/1996
				4. FEI Number 59-3281989	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 MONUMENT HOUSE OF FAITH, INC 1509 MAYPORT ROAD ATLANTIC BEACH FL 32233-1944		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input type="checkbox"/> DELETE	1.1 TITLE TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JACKSON, ARLETHIA M		1.2 NAME Lorri Eady	
STREET ADDRESS 3544 BROCKWAY RD		1.3 STREET ADDRESS 714-1 Clearview Lane	
CITY-ST-ZIP JAX FL 18		1.4 CITY-ST-ZIP Atlantic Beach, FL 32233-1944	
TITLE TAD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SELLERS, ALCINDA		2.2 NAME	
STREET ADDRESS 9TH ST SOUTH		2.3 STREET ADDRESS	
CITY-ST-ZIP JAX BCH FL		2.4 CITY-ST-ZIP	
TITLE TS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Lorri Eady		3.2 NAME	
STREET ADDRESS 714-1 Clearview Lane		3.3 STREET ADDRESS	
CITY-ST-ZIP Atlantic Beach, FL 32233-1944		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ Arlethia M. Jackson, Director

CR2E037 (9/96)