

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

DOCUMENT # N95000003801 (6)
1. Corporation Name

WHEELS OF FAITH FULL GOSPEL CHURCH, INC.



Principal Place of Business
6412 COOPER LN
JACKSONVILLE FL 32204

Mailing Address
6412 COOPER LN
JACKSONVILLE FL 32204

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 32210
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 32210
29 Country

3. Date Incorporated or Qualified 08/09/1995
3a. Date of Last Report
4. FEI Number 59-3330930
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WINKLER, JOHN S
2515 OAK ST
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
81 Name David Eddings
82 Street Address (P.O. Box Number Is Not Acceptable)
83 6412 COOPER LANE
84 City Jacksonville FL 85 Zip Code 32210

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 617.033, Florida Statutes.

SIGNATURE David Eddings D.P. David Eddings D.P. 4-22-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 DP EDDINGS, DAVID 6412 COOPER LN JACKSONVILLE FL 32204
2 DV EDDINGS, SANDRA G 6412 COOPER LN JACKSONVILLE FL 32204
3 D SPARKS, DOROTHY MULL ST JACKSONVILLE FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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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: David Eddings 4-22-96 783-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)