

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT '1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004780  
1. Corporation Name  
MISSION OF FAITH FULL Gospel Church, Inc.

Principal Place of Business <u>3730-15th St E. Bradenton, FL 34208</u>	Mailing Address <u>2860 51st St SARASOTA, FL 34234</u>
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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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3. Date Incorporated or Qualified  
10/5/1995

4. FEI Number  
65-0625254

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
Troy Adams  
2860 51st St  
SARASOTA, FL 34234

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 Troy Adams DATE 4/7/98

12. OFFICERS AND DIRECTORS

TITLE	<u>DPT Troy Adams</u>	<input type="checkbox"/> DELETE
NAME	<u>2860 51st St</u>	
STREET ADDRESS	<u>SARASOTA, FL 34234</u>	
CITY-ST-ZIP		
TITLE	<u>D Nicholas Adams</u>	<input type="checkbox"/> DELETE
NAME	<u>2860 51st St</u>	
STREET ADDRESS	<u>SARASOTA, FL 34234</u>	
CITY-ST-ZIP		
TITLE	<u>D Melissa Adams</u>	<input type="checkbox"/> DELETE
NAME	<u>2860 51st St</u>	
STREET ADDRESS	<u>SARASOTA, FL 34234</u>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<u>300002488855</u>
4.3 STREET ADDRESS	<u>-04/15/98--01006--020</u>
4.4 CITY-ST-ZIP	<u>***70.00</u>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<u>4/14</u>
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 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: Troy Adams DATE 4/7/98 DAYTIME PHONE # 941-355-2414

CR2E037 (10/97)