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May 05 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 # N96000001982 (5)

1. Corporation Name  
FAITH THEATRE, INC.



Principal Place of Business Mailing Address  
8061 MERIDALE DR. TALLAHASSEE FL 32301  
8061 MERIDALE DR. TALLAHASSEE FL 32311-9242

3. Date Incorporated or Qualified 04/12/1996  
3a. Date of Last Report  
4. FEI Number 59=3272323 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

2. Principal Place of Business 2a. Mailing Address  
21 8061 Meridale Dr. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Tallahassee, FL 28  
24 32311 25 USA 29 30

9. Name and Address of Current Registered Agent  
CHALUS, CHERYL  
8061 MERIDALE DR.  
TALLAHASSEE FL 32301

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 *Cheryl Chalus* Cheryl Chalus 4-11-97  
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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	
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	M/D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cheryl Chalus D
1.3 STREET ADDRESS	8061 Meridale Dr.
1.4 CITY-ST-ZIP	Tallahassee, FL 32311
2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Margaret Graham D
2.3 STREET ADDRESS	4023 Sonnet Dr.
2.4 CITY-ST-ZIP	Tallahassee, FL 32303
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jean Conrad D
3.3 STREET ADDRESS	1700 Marston Pl.
3.4 CITY-ST-ZIP	Tallahassee, FL 32312
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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.

(904) 421-6003

CR2E037 (9/96)