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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90118 029 \*\*\*\*70.00

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1. Corporation Name

FAITH THEATRE, INC.

Principal Place of Business

8061 MERIDALE DR.  
TALLAHASSEE FL 32311  
US

Mailing Address

8061 MERIDALE DR.  
TALLAHASSEE FL 32301



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 PO BOX 4057

Suite, Apt. #, etc.

27 City & State

28 TALLAHASSEE, FL

Zip

29 32315-4057

Country

30 US

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

59-3272323

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

□ DELETE

TITLE MDP  
NAME CHALUS, CHERYL  
STREET ADDRESS 8061 MERIDALE DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD  
NAME GRAHAM, MARGARET  
STREET ADDRESS 4023 SONNET DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D  
NAME CONRAD, JEAN  
STREET ADDRESS 1780 MARSTON PL  
CITY-ST-ZIP TALLAHASSEE FL

TITLE T  
NAME BARLOW, TONY  
STREET ADDRESS 2583 LAKEFAIR DR  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

□ Change

□ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

VS  
TAMI LYNN SHAFFER  
2407 TUPELO TERRACE  
TALLAHASSEE, FL 32303

SD  
LINDA STONE  
1948 RAINVALLEY COURT  
TALLAHASSEE, FL 32308

TREASURER/DIRECTOR  
Audrey C. Wood  
510 WEST EIGHTH AVE.  
TALLAHASSEE, FL 32303

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)