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Feb 06 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 # N96000004015 (1)**

1. Corporation Name

**FAITH MINISTRIES, INC.**

Principal Place of Business

**515 WINDSOR STREET  
LAKELAND FL 33803**

Mailing Address

**515 WINDSOR STREET  
LAKELAND FL 33803-3848**



3. Date Incorporated or Qualified

**07/30/1996**

3a. Date of Last Report

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**CARRIER, GORDON D  
515 WINDSOR STREET  
LAKELAND FL 33803**

4. FEI Number

**59-3406828**

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

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

TITLE **P / T** ☐ DELETE

NAME **CARRIER, GORDON REV**  
STREET ADDRESS **515 WINDSOR STREET**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **V** ☐ DELETE

NAME **MURDOCH, JODY**  
STREET ADDRESS **402 MAGGIE CIRCLE JAN PHYLL VILLAGE**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **S / T** ☐ DELETE

NAME **PARKER, PATRICIA**  
STREET ADDRESS **1011 SPIRIT LAKE ROAD**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **T / T** ☐ DELETE

NAME **KIEPER, JEAN**  
STREET ADDRESS **435 MATHEW ST**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: **Rev. Gordon Carrier**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REV. GORDON CARRIER**

**1-6-97 941-686-3746**  
Date Daytime Phone # 0052678

CR2E037 (9/96)