

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004255 (3)

1. Corporation Name

NOW FAITH MINISTRIES, INC.

Principal Place of Business

602 MCCLELLAND ST.
CRESTVIEW FL 32536

Mailing Address

P.O. BOX 188
PAXTON FL 32538-01883. Date Incorporated or Qualified
08/14/19963a. Date of Last Report
N/a

4. FEI Number

59-3431215

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLIAMS, NELSON
602 MCCLELLAND ST.
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81

Name

WILLIAMS, NELSON

82

Street Address (P.O. Box Number is Not Acceptable)

1475 FLOWERSVIEW, BLVD.

83

84

City

LAUREL HILL,

FL

85 Zip Code

32567

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 D ☐ DELETE
NAME WILLIAMS, NELSON
STREET ADDRESS 1475 FLOWERSVIEW BLVD.
CITY-ST-ZIP LAUREL HILL FL 32567TITLE D ☐ DELETE
NAME WILLIAMS, LAURETTA
STREET ADDRESS 1475 FLOWERSVIEW BLVD.
CITY-ST-ZIP LAUREL HILL FL 32567TITLE D ☐ DELETE
NAME BROWN, LIGAYA
STREET ADDRESS 1475 FLOWERSVIEW BLVD.
CITY-ST-ZIP LAUREL HILL FL 32567TITLE D ☒ DELETE
NAME OWENS, RUTH
STREET ADDRESS 1638 E. 1ST AVE.
CITY-ST-ZIP CRESTVIEW FL 32538TITLE D ☐ DELETE
NAME WILLIAMS, CLEOLA
STREET ADDRESS 214 FLORIDA AVE.
CITY-ST-ZIP PAXTON FL 32538TITLE D ☐ DELETE
NAME BROWN, TAKIESHA
STREET ADDRESS 1475 FLOWERSVIEW BLVD.
CITY-ST-ZIP LAUREL HILL FL 32567

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-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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:

NELSON WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON WILLIAMS 4-26-97/834-4037 (904)

Date

Daytime Phone # 0074892

CR2E037 (9/96)