


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004255 (3)

1. Corporation Name

NOW FAITH MINISTRIES, INC.

Principal Place of Business

Mailing Address

602 MCCLELLAND ST.  
CRESTVIEW FL 32536

P.O. BOX 188  
PAXTON FL 32538-0188

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

59-3431215

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

10. Name and Address of New Registered Agent

WILLIAMS, NELSON  
1475 FLOWERSVIEW BLVD.  
LAUREL HILL FL 32567

81 Name

WILLIAMS, NELSON

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

789 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	<input type="checkbox"/> DELETE
NAME	WILLIAMS, NELSON	
STREET ADDRESS	1475 FLOWERSVIEW BLVD.	
CITY - ST - ZIP	LAUREL HILL FL 32567	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LAURETTA	
STREET ADDRESS	1475 FLOWERSVIEW BLVD.	
CITY - ST - ZIP	LAUREL HILL FL 32567	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, LIGAYA	
STREET ADDRESS	1475 FLOWERSVIEW BLVD.	
CITY - ST - ZIP	LAUREL HILL FL 32567	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CLEOLA	
STREET ADDRESS	214 FLORIDA AVE.	
CITY - ST - ZIP	PAXTON FL 32538	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, TAKIESHA	
STREET ADDRESS	1475 FLOWERSVIEW BLVD.	
CITY - ST - ZIP	LAUREL HILL FL 32567	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Tr/D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAMS, NELSON	
1.3 STREET ADDRESS	789 FLOWERSVIEW BLVD.	
1.4 CITY - ST - ZIP	LAUREL HILL, FL. 32567	

2.1 TITLE	Tr/D/v/s	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAMS LAURETTA	
2.3 STREET ADDRESS	789 FLOWERSVIEW BLVD.	
2.4 CITY - ST - ZIP	LAUREL HILL, FL. 32567	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BROWN, LIGAYA	
3.3 STREET ADDRESS	789 FLOWERSVIEW BLVD.	
3.4 CITY - ST - ZIP	LAUREL HILL, FL. 32567	

4.1 TITLE	Tr/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAMS, CLEOLA	
4.3 STREET ADDRESS	774 FLOWERSVIEW BLVD.	
4.4 CITY - ST - ZIP	LAUREL HILL, FL. 32567	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BROWN, TAKIESH	
5.3 STREET ADDRESS	789 FLOWERSVIEW BLVD.	
5.4 CITY - ST - ZIP	LAUREL HILL, FL. 32567	

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:

*Nelson Williams* NELSON WILLIAMS 4-27-98 (850) 834-4037

CP2E037 (10/97)

**ADDITION OF OFFICERS AND DIRECTORS**

**TITLE:.....D/TR**

**NAME.....TONY CAMPBELL**

**STREET ADDRESS.....91 FREDRICK, DR.**

**CITY - ST - ZIP.....DeFUNIAK SPRINGS, FL. 32433**

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**TITLE.....D**

**NAME.....SHIRLAN CAMPBELL**

**STREET ADDRESS.....91 FREDRICK, DR.**

**CITY - ST - ZIP.....DeFUNIAK SPRINGS, FL. 32433**

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**TITLE.....D**

**NAME.....SAMUEL WILLIAMS**

**STREET ADDRESS.....214 FLORIDA AVE.**

**CITY - ST - ZIP.....LAUREL HILL, FL. 32567**

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**TITLE.....D**

**NAME.....SARAH GREGORY**

**STREET ADDRESS.....5321 HWY. 4**

**CITY - ST - ZIP.....BAKER, FL. 32531**

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**TITLE.....D**

**NAME.....RUTH OWENS**

**STREET ADDRESS.....1638 E. 1st. AVE.**

**CITY - ST - ZIP.....CRESTVIEW, FL. 32539**