

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90006 030 ****70.00

DOCUMENT # N96000004255

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



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

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

59-3431215

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

9. Name and Address of Current Registered Agent

WILLIAMS, NELSON
789 FLOWERSVIEW BLVD
LAUREL HILL FL 32567

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

5-24-99

12. OFFICERS AND DIRECTORS

TITLE TDP
NAME WILLIAMS, NELSON
STREET ADDRESS 789 FLOWERSVIEW BLVD
CITY-ST-ZIP LAUREL HILLS FL 32567

☐ DELETE

TITLE TDVS
NAME WILLIAMS, LAURETTA
STREET ADDRESS 789 FLOWERSVIEW BLVD
CITY-ST-ZIP LAUREL HILL FL 32567

☐ DELETE

TITLE D
NAME BROWN, LIGAYA
STREET ADDRESS 789 FLOWERSVIEW BLVD
CITY-ST-ZIP LAUREL HILL FL 32567

☐ DELETE

TITLE TDT
NAME WILLIAMS, CLEOLA
STREET ADDRESS 774 FLOWERSVIEW BLVD
CITY-ST-ZIP LAUREL HILL FL 32567

☐ DELETE

TITLE D
NAME BROWN, TAKIESH
STREET ADDRESS 789 FLOWERSVIEW BLVD
CITY-ST-ZIP LAUREL HILL FL 32567

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

Nelson Williams **NELSON WILLIAMS** 5-24-99 (850) 834-5195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0080260