

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005295 (8)

1. Corporation Name

SOUTHERN FAITH, INC.

Principal Place of Business

4302 S.W. 3RD STREET
LEHIGH ACRES FL 33971
US

Mailing Address

4302 S.W. 3RD STREET
LEHIGH ACRES FL 33971
US

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

65-0712005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

NOBLE, NELSON C
550 NORTH 19TH STREET
LOT 34
IMMOKALEE FL 34142

10. Name and Address of New Registered Agent

81

Name

Shannon S McRay

82

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

4302 SW 3RD ST

83

City

Lehigh Acres

FL

85

Zip Code

33971

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

Shannon S McRay

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☒ DELETE

NAME

NOBLE, NELSON C

STREET ADDRESS

550 NORTH 19TH STREET, LOT 34

CITY-ST-ZIP

IMMOKALEE FL

TITLE

VD

☐ DELETE

NAME

MCROY, SHANNON S

STREET ADDRESS

4302 SW THIRD ST

CITY-ST-ZIP

LEHIGH ACRES FL 33971

TITLE

D

☒ DELETE

NAME

NOBLE, MARY A

STREET ADDRESS

550 NORTH 19TH STREET, LOT 34

CITY-ST-ZIP

IMMOKALEE FL

TITLE

STD

☐ DELETE

NAME

MCROY, RHONDA D

STREET ADDRESS

4302 S.W. 3RD STREET

CITY-ST-ZIP

LEHIGH ACRES FL

TITLE

D

☒ DELETE

NAME

SMITH, CHRISTOPHER A

STREET ADDRESS

2707 10TH STREET S.W.

CITY-ST-ZIP

LEHIGH ACRES FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

McRay, Corrine
Box 7310 Rt 1

Moore Haven FL 33471

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:

Shannon S McRay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-98

Date

Daytime Phone # 0060157

CR2E037 (10/97)