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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000006089

1. Corporation Name

FULL OF FAITH MINISTRIES, INC.

Principal Place of Business

2509 NORTH MAIN STREET
JACKSONVILLE FL 32206

Mailing Address

2509 NORTH MAIN STREET
JACKSONVILLE FL 32206



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

11/25/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3415736

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COATS, DARRELL L
3211 CRISTO LANE
JACKSONVILLE FL 32277

81 Name Darrell L. Coats

82 Street Address (P.O. Box Number is Not Acceptable)
1829 Ashmore Green Drive

83

84 City Jacksonville FL

85 Zip Code 32246

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

3/28/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME COATS, DARRELL L
STREET ADDRESS 3211 CRISTO LANE
CITY-ST-ZIP JACKSONVILLE FL 32277

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME SMITH, BERTHA
STREET ADDRESS 2828 PAIGTON COURT
CITY-ST-ZIP JACKSONVILLE FL 32225

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD ☐ DELETE
NAME COATS, GENNELL L
STREET ADDRESS 3211 CRISTO LANE
CITY-ST-ZIP JACKSONVILLE FL 32277

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD ☒ DELETE
NAME SNEED, DELORIS
STREET ADDRESS 2254 MINANDAO DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE TD ☒ DELETE
NAME WOODRIDGE, TRIGGER
STREET ADDRESS 3211 CRISTO LANE
CITY-ST-ZIP JACKSONVILLE FL 32277

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D ☒ DELETE
NAME PRITCHARD, ETHEL
STREET ADDRESS 1072 WEST DUVAL
CITY-ST-ZIP JACKSONVILLE FL 32206

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

(904) 353-4717

Date

Daytime Phone #

CR2F037 (11/98)