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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Worthart

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CO.

DOCUMENT # N9700002109 (3)

FAITH, HOPE, & CHARITY ANNOINTED HOLLINESS CHURC

FILED Apr 27 1998 8:00am Secretary of State

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Principal Place of Business	Mailing Address					
P.O. BOX 725 HERNANDO FL 34442 P.O. BOX 725 HERNANDO FL 34442			3. Date incorporated or Qualified 04/15/1997			
			4. FEI Number Applied For			
			59~3447528 Not Applicable			
2. Principal Place of Business 21	2a. Mailing Address 26 P. O. Box	725	6. Certificate of Status Desired S8.75 Additional Fee Required			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	hJKing Pt	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State	City & State	<u> ~ 1 </u>	7. Is this nonprofit corporation a homeowners association?			
23	28 Hernando		☐ Yes ☑ No			
Zip Country	Zlp	Country	8. This corporation owes or has paid the current year Intangible			
24 3444 2 25 9. Name and Address of Curren		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
9. Name and Abdress of Curren	ir wadistaled Wdalir	81 Name	10. Name and Address of New Registered Agent			
teramenta de maria		I Name				
WATKINS, ELEASE		62 Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
1880 N. WATKINS PT. INVERNESS FL 34452		83				
		84 City	85 Zip Code			
•			FL 30 25 0000			
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of the Signature of the state agent of the		uthorized by the corporida Statutes. Registered Agent signature re-	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered			
12. OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DELETE	1.1 TITLE	D/D Change 🗵 Additio			
NAME		1.2 NAME	Elease Watkins TID.			
STREET ADDRESS -		1.3 STREET ADDRESS	PO Box Mas NA			
CITY-ST-ZIP		s . 1				
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6. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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.

IGNATURE: Place Elace of the this Donton 2/9/1