


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 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 # N97000002415 (4)
 1. Corporation Name
FAITH TABERNACLE, INC. OF TITUSVILLE, FLORIDA



Principal Place of Business 3910 SOUTH WASHINGTON AVE. SUITE 208 TITUSVILLE FL 32780	Mailing Address P O BOX 1232 TITUSVILLE FL 32781
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------

3. Date Incorporated or Qualified 04/30/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. Suite 208 City & State
23. Zip	28. Titusville, FL Country
24. Country	29. 32780 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBINSON, SYLVESTER Address change: XXXXXX ROBINSON 7422 Carillon Avenue XXXXXX FL 32781 Port St. John, FL 32927		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Grayling S. Harris	1.2 NAME	Sylvester Robinson
STREET ADDRESS	2559 Myrtle Avenue	1.3 STREET ADDRESS	7422 Carillon Avenue
CITY-ST-ZIP	Mims, FL 32754	1.4 CITY-ST-ZIP	Port St. John, FL 32927
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernest Campbell	2.2 NAME	Sabrina Belton
STREET ADDRESS	2641 Myrtle Avenue	2.3 STREET ADDRESS	5695 Graham Street
CITY-ST-ZIP	Mims, FL 32754	2.4 CITY-ST-ZIP	Port St. John, FL 32927
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Serina Arnold
STREET ADDRESS		3.3 STREET ADDRESS	1685 Ticonderoga Court
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Titusville, FL 32796
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mack Holmes
STREET ADDRESS		4.3 STREET ADDRESS	1180 Wedgewood Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE _____
 Sylvester Robinson

CR2E037 (10/97)