

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. May Secretary of State DIVISION OF CORPORATIONS
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FILED

98 NOV -2 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name **F.A.C.E. OF GOD INC**
N97000003205

Principal Place of Business
830 Klondike St
Winter Garden, FL
34787

Mailing Address
1407 Kenny Ct
Winter Garden FL
34787

3. Date Incorporated or Qualified
6/4/97

4. FEI Number
59-3451528

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**

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

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 **830 Klondike St**
Suite, Apt. #, etc.
22
City & State
23 **Winter Garden FL**
Zip
24 **34787** Country
25 **Orange**

2a. Mailing Address
26 **1407 Kenny Ct**
Suite, Apt. #, etc.
27
City & State
28 **Winter Garden FL**
Zip
29 **34787** Country
30 **Orange**

9. Name and Address of Current Registered Agent
Karen C. Adkins
1407 Kenny Ct
Winter Garden FL
34787

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

12. OFFICERS AND DIRECTORS

TITLE	Treasure	<input checked="" type="checkbox"/> DELETE
NAME	Manvelous Rodgers	
STREET ADDRESS	830 Klondike St	
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Gladys Roats	
STREET ADDRESS	830 Klondike St	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Karen C. Adkins	
STREET ADDRESS	1407 Kenny Ct	
CITY-ST-ZIP	Winter Garden FL 34787	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Annie Moore	
1.3 STREET ADDRESS	1742 Christopher St	
1.4 CITY-ST-ZIP	Winter Garden FL 34787	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cheryl Robinson	
2.3 STREET ADDRESS	4524 Apt D 181 Silver Star Rd	
2.4 CITY-ST-ZIP	Orlando FL 32808	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J.D. Adkins Jr.	
3.3 STREET ADDRESS	1407 Kenny Ct	
3.4 CITY-ST-ZIP	Winter Garden FL 34787	
4.1 TITLE	Managing Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Karen C. Adkins	
4.3 STREET ADDRESS	1407 Kenny Ct	
4.4 CITY-ST-ZIP	Winter Garden FL 34787	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **Karen C. Adkins** **4/27/98** **(407) 654-1953**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/97)