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FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004453 (3)**

1. Corporation Name

FAITH IN CHRIST BY GOD, INC.

Principal Place of Business

Mailing Address

P. O. BOX 1973
APOPKA FL 32704

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APOPKA FL 32704

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

59-3465840

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMS, GREGORY C
1156 S. CENTRAL AVE.
APOPKA FL 32703

81 Name

Gregory C. Sims

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

83

1153 South Central Avenue

84 City

Apopka,

FL

85 Zip Code

32703

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Chairman** [T] ☐ DELETE
NAME **Pastor Gregory C. Sims**
STREET ADDRESS **1153 South Central Avenue**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **Assistant Pastor** [T] ☐ DELETE
NAME **Evang. Wylene Harris**
STREET ADDRESS **148 West 19th Street**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **Secretary** [T] ☐ DELETE
NAME **Andrea Davis**
STREET ADDRESS **640 East 13th Street**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **Treasurer** [T] ☐ DELETE
NAME **Mary Sims**
STREET ADDRESS **5108 West Livingston Street**
CITY-ST-ZIP **Orlando, FL 32811**

TITLE **Book Keeper** [T] ☐ DELETE
NAME **Bertha Sims**
STREET ADDRESS **1153 South Central Avenue**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **Public Relations** [T] ☐ DELETE
NAME **Evang. Shelina Breedlove**
STREET ADDRESS **1674 Clara Ward Avenue**
CITY-ST-ZIP **Apopka, FL 32703**

1.1 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

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:

Gregory C. Sims

4/6/98

407-814-8515

CR2E037 (10/97)