


FILE NOW: FILING FEE IS \$61.25

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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90017 012 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004453					
1. Corporation Name FAITH IN CHRIST BY GOD, INC.					
Principal Place of Business P. O. BOX 1973 APOPKA FL 32704			Mailing Address P. O. BOX 1973 APOPKA FL 32704		



2. Principal Place of Business 21 900 S. Central Ave.		2a. Mailing Address 26 P.O. Box 1973		3. Date Incorporated or Qualified 08/04/1997											
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3465840											
City & State 23 Apopka, FL 32703		City & State 28 Apopka, FL 32704		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required											
Zip Country 24 32703 25 U.S.		Zip Country 29 32704 30 U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees											
9. Name and Address of Current Registered Agent SIMS, GREGORY C 1156 S. CENTRAL AVE. APOPKA FL 32703			10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81</td> <td>Name</td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84</td> <td>City</td> </tr> <tr> <td>85</td> <td>Zip Code</td> </tr> </table>			81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	85	Zip Code
81	Name														
82	Street Address (P.O. Box Number is Not Acceptable)														
83															
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 **Gregory C. Sims, Pastor**

March 29, 1999

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 T	NAME SIMS, GREGORY C PASTOR	1.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1153 SOUTH CENTRAL AVENUE	CITY-ST-ZIP APOPKA FL 32703	1.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP APOPKA FL 32703	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME HARRIS, WYLENE E	2.1 TITLE Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 148 WEST 19TH STREET	CITY-ST-ZIP APOPKA FL 32703	2.2 NAME Sims, Thomas L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP APOPKA FL 32703	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS 5108 West Livingston Street	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	NAME DAVIS, ANDREA	2.4 CITY-ST-ZIP Orlando, FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 640 EAST 13TH STREET	CITY-ST-ZIP APOPKA FL 32703	3.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP APOPKA FL 32703	<input type="checkbox"/> DELETE	3.2 NAME Davis, Andrea	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME SIMS, MARY	3.3 STREET ADDRESS 512 Marden Meadows	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5108 WEST LIVINGSTON STREET	CITY-ST-ZIP ORLANDO FL 32811	3.4 CITY-ST-ZIP Apopka, FL 32703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP ORLANDO FL 32811	<input type="checkbox"/> DELETE	4.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME SIMS, BERTHA	4.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1153 SOUTH CENTRAL AVENUE	CITY-ST-ZIP APOPKA FL 32703	4.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP APOPKA FL 32703	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME BREEDLOVE, SHELINA E	5.1 TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1674 CLARA WARD AVENUE	CITY-ST-ZIP APOPKA FL 32703	5.2 NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP APOPKA FL 32703	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME BREEDLOVE, SHELINA E	5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1674 CLARA WARD AVENUE	CITY-ST-ZIP APOPKA FL 32703	6.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP APOPKA FL 32703	<input type="checkbox"/> DELETE	6.2 NAME Breedlove, Shelina E.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	NAME BREEDLOVE, SHELINA E	6.3 STREET ADDRESS 2665 Skan Court	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1674 CLARA WARD AVENUE	CITY-ST-ZIP APOPKA FL 32703	6.4 CITY-ST-ZIP Orlando, FL 32839	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP APOPKA FL 32703	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gregory C. Sims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 1999 407-814-8515

Date

Daytime Phone #

CR2E037-11/98