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Feb 24 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 # **N97000005257 (7)**

1. Corporation Name

LIVING BY FAITH MINISTRIES, INC.

Principal Place of Business

Mailing Address

**HIGHWAY 301
STARKE FL 32091**

**ROUTE 2 BOX 1251
STARKE FL 32091**



3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

59-3469937

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 **N/A**

2. Principal Place of Business

2a. Mailing Address

21 Brownlee RD

26 Rt 2 Box 1251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Starke, FL

City & State

28 Starke, FL

Zip

24 32091

Country

25 USA

Zip

29 32091

Country

30 USA

9. Name and Address of Current Registered Agent

**HILLIARD, MANUEL
ROUTE 2 BOX 1251
STARKE FL 32091**

10. Name and Address of New Registered Agent

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

MANUEL HILLIARD

Manuel Hilliard

Feb. 6, 1998

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 ☐ DELETE

NAME **~~KEITH ANTHONY HILLIARD~~**

STREET ADDRESS **~~9000 PURDUE ST~~**

CITY-ST-ZIP **~~KEYSTONE HEIGHTS, FL 32656~~**

TITLE ☐ DELETE

NAME **~~CECILIA H. HILLIARD~~**

STREET ADDRESS **~~RT 2 BOX 1251~~**

CITY-ST-ZIP **~~STARKE, FL 32091~~**

TITLE ☐ DELETE

NAME **~~MANUEL HILLIARD~~**

STREET ADDRESS **~~RT 2 BOX 1251~~**

CITY-ST-ZIP **~~STARKE, FL 32091~~**

TITLE ☐ DELETE

NAME **~~LOU ANN HILLIARD~~**

STREET ADDRESS **~~7202 PURDUE ST~~**

CITY-ST-ZIP **~~KEYSTONE HEIGHTS, FL 32656~~**

TITLE ☐ DELETE

NAME **~~GREG WELCH~~**

STREET ADDRESS **~~7202 PURDUE ST~~**

CITY-ST-ZIP **~~KEYSTONE HEIGHTS, FL 32656~~**

TITLE ☐ DELETE

NAME **~~CYNTHIA HILLIARD~~**

STREET ADDRESS **~~RT 2 BOX 1251~~**

CITY-ST-ZIP **~~STARKE, FL 32091~~**

TITLE ☐ DELETE

NAME **~~CYNTHIA HILLIARD~~**

STREET ADDRESS **~~RT 2 BOX 1251~~**

CITY-ST-ZIP **~~STARKE, FL 32091~~**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☐ Change ☒ Addition

1.2 NAME

KEITH ANTHONY HILLIARD

1.3 STREET ADDRESS

7202 PURDUE ST

1.4 CITY-ST-ZIP

KEYSTONE HEIGHTS, FL 32656

2.1 TITLE

VICE PRESIDENT

☐ Change ☒ Addition

2.2 NAME

CYNTHIA H. HILLIARD

2.3 STREET ADDRESS

RT 2 BOX 1251

2.4 CITY-ST-ZIP

STARKE, FL 32091

3.1 TITLE

CHAIRMAN

☐ Change ☒ Addition

3.2 NAME

MANUEL HILLIARD

3.3 STREET ADDRESS

RT 2 BOX 1251

3.4 CITY-ST-ZIP

STARKE, FL 32091

4.1 TITLE

VICE CHAIRMAN

☐ Change ☒ Addition

4.2 NAME

LOU ANN HILLIARD

4.3 STREET ADDRESS

7202 PURDUE ST

4.4 CITY-ST-ZIP

KEYSTONE HEIGHTS, FL 32656

5.1 TITLE

DIRECTOR

☐ Change ☒ Addition

5.2 NAME

GREG WELCH

5.3 STREET ADDRESS

7202 PURDUE ST

5.4 CITY-ST-ZIP

KEYSTONE HEIGHTS, FL 32656

6.1 TITLE

DIRECTOR

☐ Change ☒ Addition

6.2 NAME

CYNTHIA HILLIARD

6.3 STREET ADDRESS

RT 2 BOX 1251

6.4 CITY-ST-ZIP

STARKE, FL 32091

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: *Manuel Hilliard* **MANUEL HILLIARD AGENT Feb. 6, 1998 (904) 914-2332**

CR2E037 (1097)