NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

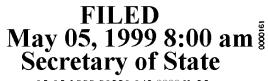
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700006452

1. Corporation Name

BRIDE OF CHRIST FAITH FELLOWSHIP TABERNACLE, INC



05-05-1999 90220 043 ****61.25

Principal Place of Business					Mailing Address				1				
3444 VIKKI ROAD CALLAHAN FL 32011				-	3444 VIKKI ROAD CALLAHAN FL 32011								
										1,22,110, 312, 1311			
2. 21	Principal Pl	ipal Place of Business			2a. Mailing Address					 Date Incorporated or Qualified 11/17/1997 		•	
21	Suite, Apt. #, etc.			120	Suite, Apt. #, etc.					4. FEI Number		Ар	plied For
22					27					59-3472772		No	t Applicable
223	City & State				City & State					F 0 17 1 7011 D 1111		\$8.75	Additional
23					28					5. Certificate of Status Desired		Fee Re	quired
	Zip	p Country			Zip Country			-		6. Election Campaign Financing		\$5.00	May Be
24		25			30				Trust Fund Contribution		Added t		
9. Name and Address of Current Registered Agent							10.			10. Name and Address of New	Registered	Agent	
							81	Nam	0				1
	VICKERS.	RICHARD .	A				82	Stree	t Address	(P.O. Box Number is Not Accept	able)		
3444 VIKKI ROAD													
CALLAHAN FL 32011												İ	
							84	City				85 Zip (Code
								1 -			FL	.	
11	Pursuant :	to the provis	ions of Sections 617.	0502 and 0	617.1508, Florida	Statutes, the	above	e-name	d corpora	tion submits this statement for the board of directors. I hereby acce	purpose of	changing its	registered
	office of re	egistered age m familiar wi	ent, or both, in the St th, and accept the ob	ate of Fion ligations o	ida, Such change f, Section 617.050	was aumonz 3, Florida St	ed by atutes		porations	board of directors. Thereby acce	pr trie appoi	Intribut 43 TO	9/3/0/00
Ci				•									
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: R							red Ager	it signatur	e required wh	en reinstating)	DATE		
12	OFFICERS AND DIRECTOR						13.			ADDITIONS/CHANGES TO OF	FICERS AN		
Ħħ	E	PD			DELETE 1.1 TI		TITLE					Change	☐ Addition
NAX	Œ	VICKERS,	RICHARD A			1.2	NAME		-				
STR	STREET ADDRESS 3444 VIKKI ROAD					1.3 STREET ADDR			s				{
cm	r-ST-ZIP	CALLAHA	N FL 32011				CITY-S	T-ZIP					
TITL	Ε	D			☐ DELE	TE 2.1	TITLE					☐ Change	☐ Addition
NAM	1E	VICKERS,	SANDRA E			2.2	NAME						`
STR	EET ADDRESS	3444 VIKE	(I ROAD			2.3	STREET	ADDRES	s				
cir	/-ST-ZIP	CALLAHA	N FL 32011			2.	4 CITY-5	T-ZIP					
ΤΠ		D			☐ DELE	TE 3.1	TITLE					Change	☐ Addition
NAX	Œ	VICKERS.	CYNTHIA D			3.2	NAME						İ
STR	EET ADDRESS		MAS CREEK RD			3.3	STREET	ADDRES	is				
	-ST-ZIP		N FL 32011			3.4	4. CITY-5	T-ZIP					
тπ					☐ DELE	TE 4.	1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NA	1E					4.	2 NAME						
STF	EET ADDRESS					4.3	STREE	ADDRES	s				ł
i	Y-ST-ZIP					4.4	CITY-S	T- ZIP	1				i
}													
TIT					☐ DELE	TE 5.	1 TITLE					Change	Addition
NAM	E		<u>-</u>		☐ DELE		1 TITLE 2 NAME					Change	☐ Addition
NA	E Æ		-		☐ DELE	5.3	2 NAME	T ADDRES	s			Change	☐ Addition
NAM STF	E		-		☐ DELE	5.5 5.5	2 NAME		ss			Change	☐ 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP