

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90076 050 ****70.00

1999  **DIVISION OF CORPORATIONS**

DOCUMENT # N98000003555

1. Corporation Name
 Faith Presbyterian Church of Okeechobee, Inc.
 1600 HWY 70 E.
 Okeechobee, Fla.

Principal Place of Business Same **Mailing Address** P.O. Box 2632
 Okeechobee, Fla. 34973

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified June 17, 1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0850535	
22 City & State		27 City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Mr. Bruce Homer 1700 S.W. 12th Terr. Okeechobee, Fla. 34974				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

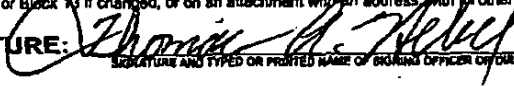
Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BRUCE HOMER	1.1 TITLE	P
NAME	Bruce Homer	1.2 NAME	Thomas A. Hebel
STREET ADDRESS	1700 S.W. 12th Terr.	1.3 STREET ADDRESS	1775 S.E. 6th Ave., PO Bx#687
CITY-ST-ZIP	Okeechobee, Fla. 34974	1.4 CITY-ST-ZIP	Okeechobee, Fla. 34974
TITLE	Aaron Parriott	2.1 TITLE	VP
NAME	Aaron Parriott	2.2 NAME	Jerry Kirchman
STREET ADDRESS	111 N.E. 5th St.	2.3 STREET ADDRESS	1036 N.E. 28th Ave.
CITY-ST-ZIP	Okeechobee, Fla. 34974	2.4 CITY-ST-ZIP	Okeechobee, Fla. 34974
TITLE	Bill Wiersma	3.1 TITLE	S
NAME	Bill Wiersma	3.2 NAME	Joey Hoover
STREET ADDRESS	408 S.W. 15th St.	3.3 STREET ADDRESS	2011 S.W. 6th Ave.
CITY-ST-ZIP	Okeechobee, Fla. 34974	3.4 CITY-ST-ZIP	Okeechobee, Fla. 34974
TITLE		4.1 TITLE	T
NAME		4.2 NAME	Bruce Homer
STREET ADDRESS		4.3 STREET ADDRESS	1700 S.W. 12th Terr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Okeechobee, Fla. 34974
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other I am empowered.

SIGNATURE:  (Thomas A. Hebel) 3-8-99 (941) 763-7028

SIGNATURE AND TYPED OR PRINTED NAME OF BRUING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZ037 (11/98)