


FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90039 005 ****61.25

07-23-1999 90007 029 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N98000006055

1. Corporation Name

COLOSSIANS FAITH COMMUNITY CHURCH, INC.

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| Principal Place of Business 11325 BLOSSOM RIDGE DR. JACKSONVILLE FL 32218 | Mailing Address 11325 BLOSSOM RIDGE DR. JACKSONVILLE FL 32218 |
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|---|--|---|
| 2. Principal Place of Business 21 121 EAST 8TH. STREET Suite, Apt. #, etc. 22 SUITE 4 City & State 23 JACKSONVILLE, FL. Zip 24 32206 | 2a. Mailing Address 26 121 EAST 8TH. STREET Suite, Apt. #, etc. 27 City & State 28 Zip 29 DUVAL | 3. Date Incorporated or Qualified 10/21/1998 4. FEI Number 59-3530832 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 9. Name and Address of Current Registered Agent SAMS, ANDRE D 11325 BLOSSOM RIDGE DR. JACKSONVILLE FL 32218 | 10. Name and Address of New Registered Agent 81 Name ANDRE D SAMS 82 Street Address (P.O. Box Number is Not Acceptable) 11325 BLOSSOM RIDGE DR 83 84 City JACKSONVILLE FL 85 Zip Code 32218 |
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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 reappointing)

DATE

070999

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | president <input type="checkbox"/> DELETE | 1.1 TITLE | director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDRE D SAMS | 1.2 NAME | ANDRE D SAMS |
| STREET ADDRESS | 11325 BLOSSOM RIDGE DR | 1.3 STREET ADDRESS | 11325 BLOSSOM RIDGE DR |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | 1.4 CITY-ST-ZIP | JACKSONVILLE FL 32218 |
| TITLE | vice president <input type="checkbox"/> DELETE | 2.1 TITLE | director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEVERLY J SAMS | 2.2 NAME | BEVERLY J SAMS |
| STREET ADDRESS | 11325 BLOSSOM RIDGE DR | 2.3 STREET ADDRESS | 11325 BLOSSOM RIDGE DR |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | 2.4 CITY-ST-ZIP | JACKSONVILLE FL 32218 |
| TITLE | treasurer <input type="checkbox"/> DELETE | 3.1 TITLE | director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LARRY BROWN | 3.2 NAME | LARRY BROWN |
| STREET ADDRESS | 2601 UNIVERSITY BLVD N.A 101 | 3.3 STREET ADDRESS | 2601 UNIVERSITY BLVD N.APT. 101 |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | 3.4 CITY-ST-ZIP | JACKSONVILLE FL 32211 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 like empowered.

SIGNATURE: Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

070999

Daytime Phone #

CR2037 (\$99)