


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90089 059 *****8.75

04-01-1999 90089 060 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007098

1. Corporation Name

FAITH CHRISTIAN ASSEMBLY OF CENTRAL FLORIDA, INC

Principal Place of Business

779 PETERS ROAD

BARTOW FL 33830

Mailing Address

779 PETERS ROAD

BARTOW FL 33830



2. Principal Place of Business 21 1216 S. FLA. AVE Suite, Apt. #, etc. 22	2a. Mailing Address 26 779 PETERS RD Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 12/14/1998
City & State 23 LAKELAND FL Zip Country 24 33 U.S.	City & State 28 BARTOW FL Zip Country 29 33830 U.S.	4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		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

GEIGER, LAWRENCE JR.
779 PETERS ROAD
BARTOW FL 33830

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, LAWRENCE JR	1.2 NAME	
STREET ADDRESS	779 PETERS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, LAWRENCE SR	2.2 NAME	
STREET ADDRESS	769 PETERS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, GLEN	3.2 NAME	
STREET ADDRESS	612 AVE O SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, JAMES	4.2 NAME	
STREET ADDRESS	7805 US 98 NORTH, LOT 64	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYBORN, CHARLES	5.2 NAME	
STREET ADDRESS	2305 S. WIGGINS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	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: *Lawrence Jr. Geiger* **SIGNATURE REQUIRED** *Lawrence Jr. Geiger* **124-99 941-534-8053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)