FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

2636 FOREST HILL BLVD

WEST PALM BEACH FL 33406-5931

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

WEST PALM BEACH FL 33406

2636 FOREST HILL BLVD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013856 (7)

FAITH DIVISION CONTEST FUND, INC.

appears in Block 12 or Block 13 if changed

SIGNATURE:

3. Date Incorporated or Qualified 3a. Date of Last Report 02/17/1994 03/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0466450 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Žφ Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, 24 30 Yes No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GONYON, ERIC** 2636 FOREST HILL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) W PALM BEACH FL 33406 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or protect ranic of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIT: F DELETE ☐ Change Addition 1.1 TITLE **GONYON, ERIC** NAME 1.2 NAME 2636 FOREST HILL BLVD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33406 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ___ Change Addition NAME 2.2 NAME STREET ACOURTS 2.3 STREET ADDRESS City - \$1-20 2.4 CITY-ST-ZIP DELETE THUE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE THE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZP DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIE 5.4 CITY-ST-ZIP DELETE THE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-20 64 CITY-ST-ZIP 14. I do 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Feb 27 1997 8:00am Secretary of State

(96/6)

Daytime Phone #

