

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090213 (6)

1. Corporation Name

THE FAITH HOUSE, INC.



Principal Place of Business

441 SW DAVID TERRACE
PORT ST LUCIE FL 34952

Mailing Address

441 SW DAVID TERRACE
PORT ST LUCIE FL 34952

3. Date Incorporated or Qualified
11/28/1995

3a. Date of Last Report

2. Principal Place of Business

21 441 S.W. David Terr.

2a. Mailing Address

26 441 S.W. David Terr.

4. FEI Number

65-0632473

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Port St. Lucie

City & State

28 Port St. Lucie

Zip

24 34952

Country

25 St. Lucie

Zip

29 34952

Country

30 ST. Lucie

9. Name and Address of Current Registered Agent

GRANT, NORMA
441 SW DAVID TERRACE
PORT ST LUCIE FL 34952

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 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 printed name of registered agent and their location

Signature typed or printed name of registered agent and their location

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GRANT, VALARIE
STREET ADDRESS 8412 DEL NORTE CT
CITY-ST-ZIP ALEXANDRIA VA 22309

☐ DELETE

TITLE Administrator
NAME Norma Grant
STREET ADDRESS 441 SW David Terr.
CITY-ST-ZIP PSL FL 34953

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President
1.2 NAME Arthur Grant
1.3 STREET ADDRESS 441 S.W. David Terr.
1.4 CITY-ST-ZIP PSL FL 34952

☐ Change

☒ Addition

2.1 TITLE Secretary
2.2 NAME Allison McGraw
2.3 STREET ADDRESS 1631 PSL Blvd.
2.4 CITY-ST-ZIP PSL FL 34952

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Norma Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

CS 4/28/96

CR2E034 (12/95)