**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000071196

1. Corporation Name

PEOPLE, FAITH AND PROFIT, INC.

Principal Place of Business 9850-5 SAN JOSE BLVD

Mailing Address

9850-5 SAN JOSE BLVD.

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90104 017 \*\*\*150.00



JACKSONVILLE FL 32257		JACKSONVILLE FL 32257			DO NOT WRITE IN THIS SPACE		
	,				3. Date Incorporated or Qualifed		
	•				08/15/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3465941	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			5. Donated of Caster Desired	Fee Re	equired
City & State		City & State			ر د د حداداد حداد حداد معادد د د د د د د د د د د د د د د د د د د		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	iry	8. This corporation owes the current year Intangi	ble Yes	□No
24	25	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	10		Personal Property Tax.  10. Name and Address of New Registered Age		
	9. Name and Address of Currer	nt Registered Agent		1 Name	10. Name and Address of New Registered Age		
ная	RIS, KELLY		[`	, Maine			
9850-5 SAN JOSE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32257				13			
UACI	TOOTTILLE I L OEEV!			,3			
	•		8	34 City	FI 8	5 Zip	Code
						aging its	rogistered
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	J2 and 607.1508, Florida Statutes of Florida. Such change was autations of, Section 607.0505, Florida	s, the abo horized b da Statut	ove-named col by the corpora es.	rporation submits this statement for the purpose of chartion's board of directors. I hereby accept the appointment	ent as re	gistered
SIGNATURE	<u> </u>					•	
	Signature, typed or printed name of registered age	IND DIRECTORS . (NOTE: F	13.	gent signature requ	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	ORS IN 12
12.	P OFFICERS AF		1.1 TITU	F		Change	Addition
	HARRIS, KELLY		1.2 NAM				
NAME	9850-5 SAN JOSE BLVD			EET ADORESS			
STREET ADDRESS	JACKSONVILLE FL 32257			-ST-ZIP			
CITY-ST-ZIP	VP		2.1 TITL			Change	☐ Addition
TITLE		C Decerte	2.2 NAM		_		_
NAME	SORENSEN, ROBIN						
STREET ADDRESS	9850-5 SAN JOSE BLVD			EET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257	☐ DELETE	_	(-ST-ZIP		Change	Addition
TITLE		L. DELETE	3.1 1111.			Change	
NAME	JOOST, STEPHEN C.		3.2 NAM		Salada mada serga ser embasa se titina ser embera sert		
STREET ADDRESS	3410 KORI RD		1	EET ADORESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257	☐ DELETE	~	/-ST-ZIP		Change	Addition
TITLE		□ OFFERE	4.1 TITL			1 Siveringe	(
NAME	•		4. 2 NAM				
STREET ADDRESS				EET ADORESS			
CITY-ST-ZIP		ווון מרו לדר	_	-ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM	1		1 auguste	
NAME				EET ADDRESS			
STREET ADDRESS				l l			
CITY-ST-ZIP			5.4 CITY 6.1 TITL	'-ST-ZIP	·	Change	Addition
TITLE		☐ DELETE		ŀ		Jonange	
NAME			6.2 NAM				
STREET ADDRESS				EET ADDRÉSS			
CITY-ST-ZIP			6.4 CITY	'-ST-ZiP			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or have tachment with an address, with all other like empowered.