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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S26267** 1. Corporation Name FAITH POOLS, INC.

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90151 039 \*\*\*150.00



| Principal Place   | e of Business  | Mailing Address  |   |  | i idaliāta ira ciota dilita (\$615 diliti sagi digi) digit digit di                    | A11 A1844 (881             |
|---|--|--|---|--|--|----------------------------|
| 3830 N.W. 58TH ST. 3830 N.W. 58TH ST. COCONUT CREEK FL 33073 COCONUT CREEK FL 33073   |  |  |   |  |  |                            |
| OCCUPATION OF THE PARTY OF THE |  |  |   | DO NOT WRITE IN THIS SPACE                                 |  |                            |
|   | ·  |  |   |  | 3. Date Incorporated or Qualifed   |                            |
|   |  |  |   |  | 01/18/1991   |                            |
| 2. Principal P  | Place of Business  | 2a. Mailing Address  |   |  |  | lied For                   |
| 21  |  | 26   |   |  | 65-0236247 Not   | Applicable                 |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  |   |  | 5. Certifcate of Status Desired  | dditional<br>quired -      |
| City & Stat   | te ·   | City & State   |   |  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00   Added to              |                            |
| Zip   | Country  | Zip 30   | Country   | ,                    | This corporation owes the current year Intangible     Personal Property Tax.  Yes  Yes | □No                        |
| <u> </u>  | 9. Name and Address of Currer  |  | <del>'                                      </del>  |  | 10. Name and Address of New Registered Agent   |                            |
| _   | <u> </u>   |  | 81  | Name   |  |                            |
| MILLIKIN, RANDY ALLEN   |  |  | 82  | Street Addr  | ess (P.O. Box Number is Not Acceptable)  |                            |
| 3830 N.W. 58TH ST.  |  |  | 62  | Sueet Addi   | ESS (F.O. BOX Number is Not Acceptable)  |                            |
| COCONUT CREEK FL 33073  |  |  | 83  |  |  |                            |
|   |  |  | 84  | City   | FL 85 Zip C  | ode                        |
| office or n   | to the provisions of Sections 607.050  | , _ and out  |   | 40.0.00.00.00  |  |                            |
| agent. I a<br>SIGNATURE   | im familiar with, and accept the obliga  | ations of, Section 607.0505, Florida   | orized by<br>a Statutes   | i.   | on's board of directors. I hereby accept the appointment as reg                        | jistered                   |
| agent. I a  | im familiar with, and accept the obligation of t | ations of, Section 607.0505, Florida   | orized by<br>a Statutes   | i.   | d when reinstating)  DATE  | istered .                  |
| agent. I a  | im familiar with, and accept the obligation of t | ations of, Section 607.0505, Florida   | orized by<br>a Statutes<br>gistered Ager  | i.   | on a board of directors. I nereby accept the appointment as reg                        | istered .                  |
| agent. I a SIGNATURE 12.  | om familiar with, and accept the obligation of t | ations of, Section 607.0505, Florida<br>int and title if applicable. (NOTE: Re<br>ND DIRECTORS | orized by a Statutes gistered Ager  | i.   | d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR                  | RS IN 12                   |
| agent. I a SIGNATURE  12. TITLE   | Signature, typed or printed name of registered age OFFICERS AI   | ations of, Section 607.0505, Florida<br>int and title if applicable. (NOTE: Re<br>ND DIRECTORS | gistered Ager  13. 1.1 TITLE 1.2 NAME   | i.   | d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR                  | RS IN 12                   |
| agent. I a SIGNATURE  12. TITLE NAME  | Signature, typed or printed name of registered age OFFICERS AN DP MILLIKIN, RANDY A.   | ations of, Section 607.0505, Florida<br>int and title if applicable. (NOTE: Re<br>ND DIRECTORS | gistered Ager  13. 1.1 TITLE 1.2 NAME   | nt signature required                                      | d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change          | RS IN 12                   |
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| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS AT  DP MILLIKIN, RANDY A. 3830 N.W. 58TH ST. COCONUT CREEK FL  DV MILLIKIN, SHARON LYNN  | int and title if applicable. (NOTE: Re   | gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET   | nt signature required                                      | d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change          | RS IN 12                   |
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6.4 CITY-ST-ZIP 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 607, 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

4128199

☐ Change

☐ Addition