FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 11 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740871** **(9)**

1 Corporation Name
FAITH TABERNACLE HOLINESS CHURCH, INC.

Principal Place of Business	Mailing Address
227 CLAIRE AVE PANAMA CITY FL 32404-6019 US	P O. BOX 3671 PANAMA CITY FL 32401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/23/1977**	3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-2879396**	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 3014
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERSON, DORIS 20522 DUFFEY ROAD FOUNTAIN FL 32428	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 _____ DATE
(Signature of new registered agent required) (Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	AMERSON, DORIS	12 NAME	
STREET ADDRESS	20522 DUFFEY ROAD	13 STREET ADDRESS	
CITY ST ZIP	FOUNTAIN FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, SHERRY	22 NAME	
STREET ADDRESS	20522 DUFFEY ROAD	23 STREET ADDRESS	
CITY ST ZIP	FOUNTAIN FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CRIDER, RICHARD	32 NAME	
STREET ADDRESS	10734 HAPPYVILLE ROAD	33 STREET ADDRESS	
CITY ST ZIP	YOUNSTOWN FL	34 CITY ST ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	ROWELL, SHELBY	42 NAME	
STREET ADDRESS	148 HITCHCOCK	43 STREET ADDRESS	
CITY ST ZIP	PANAMA CITY FL	44 CITY ST ZIP	
TITLE	C	51 TITLE	C ☒ Change ☐ Addition
NAME	CLARK, JAMES W	52 NAME	Crider, Cathy
STREET ADDRESS	20522 DUFFEY RD	53 STREET ADDRESS	10734 Happyville, Rd.
CITY ST ZIP	FOUNTAIN FL	54 CITY ST ZIP	Younstown, Fl.
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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 added on an attachment with an address.

SIGNATURE: Jas. Henry Clark 5-4-95 722-1594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000347