

FILE NOW: FILING FEE IS \$61.25

• NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. ~~Ham~~ham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **740871**

(9)

1. Corporation Name

**FAITH TABERNACLE HOLINESS CHURCH, INC.**

FILED

96 MAR -5

SECRETARY OF STATE  
TALLAHASSEE, FL



Principal Place of Business

Mailing Address

227 CLAIRE AVE  
PANAMA CITY FL 32404-6019  
US

P. O. BOX 3014  
PANAMA CITY FL 32401  
US

3. Date Incorporated or Qualified

11/23/1977

3a. Date of Last Report

05/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

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

☐ Yes

☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
D  
AMERSON, DORIS  
STREET ADDRESS  
20522 DUFFEY ROAD  
CITY-ST-ZIP  
FOUNTAIN FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

300001734833

TITLE ☐ DELETE

NAME  
STD  
CLARK, SHERRY  
STREET ADDRESS  
20522 DUFFEY ROAD  
CITY-ST-ZIP  
FOUNTAIN FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

-03/06/96-01108-004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE ☐ DELETE

NAME  
VD  
CRIDER, RICHARD  
STREET ADDRESS  
10734 HAPPYVILLE ROAD  
CITY-ST-ZIP  
YOUNSTOWN FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
P  
ROWELL, SHELBY  
STREET ADDRESS  
148 HITCHCOCK  
CITY-ST-ZIP  
PANAMA CITY FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
C  
CRIDER, CATHY  
STREET ADDRESS  
10734 HAPPYVILLE RD  
CITY-ST-ZIP  
YOUNGSTOWN FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rev. Doris Amerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jan. 24, 1996* 904-722-1594

CR2E037 (12/95)