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 NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Witham - * Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT # 1. Corporation Name	740871	(9)
FAITH TABERNACLE	HOLINESS CHURCH,	INC.

GE MAD -E

FAITH					
	TABERNACLE HOLINESS	CHURCH, INC.	SECRETA	RY OF STATE	111
Principal Place	of Business	Mailing Address			
	AVE 'Y FL 32404-6019	P. O. BOX 3014 Panama City FL 32401 US			
US		03		 Date Incorporated or Qualified 11/23/1977 	3a. Date of Last Report 05/11/1995
. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-2879396	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Α	City & State		6, Election Campaign Financing	55.00 May Be
Oity & Olai	C	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
•	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	ON, DORIS		82 Street Add	ress (P.O. Box Number is Not Acceptable	9)
	OUFFEY ROAD		B3		
FOUNT	AIN FL 32428				leel 7 - Codo
			84 City	ration submits this statement for the purp and of directors. I hereby accept the appoin	FL 85 Zip Code
	Signature, typed or printed name of registered age	ent and title if applicable (NOT	E: Registered Agent signature require	ad when reinstating)	DATE
	OFFICERS A	ND DIRECTORS	13.	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
LF	OFFICERS A				CERS AND DIRECTORS IN 12
LE ME	OFFICERS A D AMERSON, DORIS	ND DIRECTORS	13. 11 TITLE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
LE .ME REFT ADDRESS	D AMERSON, DORIS 20522 DUFFEY ROAD	ND DIRECTORS	13. 11 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
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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 eath; 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: LOV. Dovis american

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

gan. 24/196 904-122-1596