


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # 761546 (1)
1. Corporation Name
FAITH TEACHING CENTERS OF FLORIDA, INC.



Principal Place of Business 3940 NORTH HIGHWAY 441 OCALA FL 32670	Mailing Address 3940 NORTH HIGHWAY 441 OCALA FL 32670
---------------------------------------------------------------------------------	---------------------------------------------------------------------

3. Date Incorporated or Qualified 01/21/1982		
4. FEI Number 59-2969432	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
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

**MUSLEH, E. G., P.A.
415 N.W. FIRST AVENUE
OCALA FL 32670**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCDONALD, DAN, REV.	
STREET ADDRESS	RT. 1 BOX 1339 4809 NE 97th ST RD.	
CITY - ST - ZIP	ANTHONY FL 32617	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCDONALD, MARY	
STREET ADDRESS	RT. 1 BOX 1339 4809 NE 97th ST RD	
CITY - ST - ZIP	ANTHONY FL 32617	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLASS, DON	
STREET ADDRESS	RT. 1 BOX 1339 4809 NE 97th ST RD.	
CITY - ST - ZIP	ANTHONY FL 32617	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KATHY D. BLACKMON	
1.3 STREET ADDRESS	4380 NE 25th AVE	
1.4 CITY - ST - ZIP	OCALA, FL 32479	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANNA J. GLASS	
2.3 STREET ADDRESS	3440 N. 441	
2.4 CITY - ST - ZIP	OCALA, FL 32475	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARLORE M. GLASS	
3.3 STREET ADDRESS	RT. 1 BOX 1339 18870 NE. 47th AVE.	
3.4 CITY - ST - ZIP	SPARR FL 32192	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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. Dan McDonald Rev. DAN MCDONALD 2-17-98 352-629-4610

CR2037 (10/97)