

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003720

Entity Name: FAITH BIBLE CHURCH INC.**Current Principal Place of Business:**15902 US HWY 90 WEST
SANDERSON, FL 32087**Current Mailing Address:**PO BOX 104
SANDERSON, FL 32087**FEI Number:** 59-3640359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, VIDELL
14203 GASKINS CIRCLE
SANDERSON, FL 32087 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	MCCRAY, STEVE SR.
Address	378 S.E. GUARDIAN GLN
City-State-Zip:	LAKE CITY FL 32025

Title	T
Name	JEFFERSON, PHILLIP
Address	14203 GASKIN CIR
City-State-Zip:	SANDERSON FL 32087

Title	P
Name	WILLIAMS, VIDELL
Address	14203 GASKIN CIR.
City-State-Zip:	SANDERSON FL 32087

Title	T
Name	WILLIAMS, ROSA ANNETTE
Address	241 MICHIGAN AVE
City-State-Zip:	MACCLENNY FL 32063

Title	T
Name	GREEN, WILLIAM JR.
Address	7386 BENNIE GREENS CT.
City-State-Zip:	SANDERSON FL 32087

Title	T
Name	WILLIAMS, MARVA J
Address	14203 GASKINS CIR.
City-State-Zip:	SANDERSON FL 32087

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VIDELL WILLIAMS**PASTOR****04/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date