


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90188 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10516

1. Corporation Name
FAITH BIBLE BAPTIST CHURCH INC.

433351 - 90188 - 32

Principal Place of Business PO BOX 678 P.O. BOX 678 CENTURY FL 32535	Mailing Address PO BOX 678 P.O. BOX 678 CENTURY FL 32535
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/13/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 63-6104252 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STOKES, GENE 6840 BRATT ROAD (PO BOX 678) CENTURY FL 32535				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: Gene Stokes **GENE STOKES** DATE: 4-25-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES	1.2 NAME	
STREET ADDRESS	RT.4 BOX 333	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATMORE AL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLETT, WILLIAM E JR.	2.2 NAME	
STREET ADDRESS	31 W. COTTAGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CENTURY FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CLIFF	3.2 NAME	
STREET ADDRESS	760 BRIGGS BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CENTURY FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, COLLIN	4.2 NAME	
STREET ADDRESS	206 CHURCH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLOMATON AL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Cliff Thompson **CLIFF THOMPSON** DATE: 4-25-99 334-296-4684
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)