


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N96000000602 (0)**  
1. Corporation Name  
**FAITH CHRISTIAN CHURCH OF MANATEE COUNTY, INC.**



Principal Place of Business <b>824 26TH AVE. E. BRADENTON FL 34208</b>	Mailing Address <b>824 26TH AVE. E. BRADENTON FL 34208</b>
---	---

3. Date Incorporated or Qualified  
**01/31/1996**

4. FEI Number <b>65-0634874</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21 <b>1021 Carlton Arms Blvd.</b> Suite, Apt. #, etc. 22 <b>Bradenton, Florida</b> City & State 23 Zip 24 <b>34208</b>	Country <b>USA</b> 25 <b>Manatee</b>	2a. Mailing Address 26 <b>Faith Christian Church</b> Suite, Apt. #, etc. 27 <b>1021 Carlton Arms Blvd.</b> City & State 28 <b>Bradenton, Florida</b> Zip 29 <b>34208</b>	Country <b>USA</b> 30 <b>Manatee</b>
--	---	---	---

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**SMITH, GARY H  
4588 DOVER ST., CIRCLE E.  
BRADENTON FL 34203**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>TD BOWERS, ROY</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>7322 19 AVE W</b>	
STREET ADDRESS	<b>BRADENTON FL</b>	
CITY-ST-ZIP		
TITLE	<b>TD RICE, WILLIAM D</b>	<input type="checkbox"/> DELETE
NAME	<b>8201 US HWY 41 N, #2102</b>	
STREET ADDRESS	<b>PALMETTO FL 34221</b>	
CITY-ST-ZIP		
TITLE	<b>TD MCBRIDE, MICHAEL</b>	<input type="checkbox"/> DELETE
NAME	<b>5441 VANDERPIE RD</b>	
STREET ADDRESS	<b>SARASOTA FL 34241</b>	
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TD C.V. HENSCHEN</b>
1.3 STREET ADDRESS	<b>13718 UPPER MANATEE RIVER ROAD</b>
1.4 CITY-ST-ZIP	<b>BRADENTON, FL 34202</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: William D. Rice **4-19-98 (941) 729-2000**

CP2E037 (10/97)