


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90097 003 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000602**

1. Corporation Name  
**FAITH CHRISTIAN CHURCH OF MANATEE COUNTY, INC.**

Principal Place of Business 1021 CARLTON ARMS BLVD BRADENTON FL 34208 US	Mailing Address FAITH CHRISTIAN CHURCH 1021 CARLTON ARMS BLVD BRADENTON FL 34208 US
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/31/1996</b>
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0634874</b>
23 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
24 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
25 Country	29 Country	
30		

9. Name and Address of Current Registered Agent  <b>SMITH, GARY H 4586 DOVER ST., CIRCLE E. BRADENTON FL 34203</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENSCHEN, E V</b>	1.2 NAME	
STREET ADDRESS	<b>13718 UPPER MANATEE RIVER RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICE, WILLIAM D</b>	2.2 NAME	<b>TD GARRETT, ROBERT</b>
STREET ADDRESS	<b>6201 US HWY 41 N, #2102</b>	2.3 STREET ADDRESS	<b>6016 FERDELL ST.</b>
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	2.4 CITY-ST-ZIP	<b>BRADENTON, FL 34203</b>
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCBRIDE, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>5441 VANDERIPE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34241</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: **GARY H. SMITH** *Gary H. Smith* **2/15/99** **941-746-5711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)