

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90026 014 \*\*\*\*70.00

DOCUMENT # P03292

1. Corporation Name

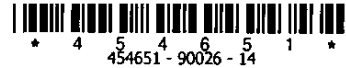
FAITH FELLOWSHIP MINISTRIES, INC.

Principal Place of Business

3830 WILLIAMSBURG PARK BOULEVARD  
SUITE 7  
JACKSONVILLE FL 32257

Mailing Address

3830 WILLIAMSBURG PARK BOULEVARD  
SUITE 7  
JACKSONVILLE FL 32257



2. Principal Place of Business

21 Suite 101

Suite, Apt. #, etc.

22 9116 Cypress Green Dr.

City & State

23 Jacksonville, Florida

Zip

24 32256

Country

25 Duval

2a. Mailing Address

26 Suite 101

Suite, Apt. #, etc.

27 9116 Cypress Green Dr.

City & State

28 Jacksonville, Florida

Zip

29 32256

Country

30 Duval

3. Date Incorporated or Qualified

09/06/1984

4. FEI Number

58-1484041

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ROSAS, DRUCILLA G

4915 NATURE'S HOLLOW WAY NORTH  
JACKSONVILLE FL 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROSAS, DRUCILLA G  
STREET ADDRESS 4915 NATURE'S HOLLOW WAY NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VD ☐ DELETE

NAME ROBBINS, PAULA  
STREET ADDRESS 2111 BIRCH BARK DR.  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE STD ☐ DELETE

NAME RAGSDALE, CAROL  
STREET ADDRESS 157 BURNSIDE ST APT A  
CITY-ST-ZIP JONESBORO GA 30236

TITLE D ☐ DELETE

NAME WILTON C. SANDERS, ATTY.  
STREET ADDRESS 6100 LAKE FORREST DRIVE N.W.  
CITY-ST-ZIP ATLANTA GA 30328

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Drucilla G. Rosas* SIGNATURE REQUIRED: *Drucilla G. Rosas* 4-26-99 (904) 737-1888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)