FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -2 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755617 (8)

1. Corporation Name

FELLOWSHIP BIBLE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

300001478663
-05/08/95--01042--006
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1644 EVERGREEN LANE E. MIDDLEBURG FL 32068	1644 EVERGREEN LANE E. MIDDLEBURG FL 32068

3. Date Incorporated or Qualified: 12/19/1980
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2146660 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2827 County Road 220	26 2827 County Road 220
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Middleburg FL.	28 City & State: Middleburg FL.
24 Zip: 32068, 25 County: U.S.	29 Zip: FL 32068, 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACKSON, DAVID N 926 BAYTREE CT. ORANGE PARK FL 32073	81 Name: Rev. GARY M. SHILLING 82 Street Address (P.O. Box Number is Not Acceptable) 83 1644 Evergreen Ln. E. 84 City: Middleburg FL 85 Zip Code: 32068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gary M. Shilling Rev. Gary M. Shilling 4/26/95
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SHILLING, GARY M.	12 NAME	
STREET ADDRESS	1644 EVERGREEN LN E.	13 STREET ADDRESS	
CITY ST ZIP	MIDDLEBURG FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	SD ☑ Change ☐ Addition
NAME	LARISH, PAUL	22 NAME	Michael Celender
STREET ADDRESS	1802 LITCHI CT.	23 STREET ADDRESS	2752 OAKDALE Dr. W.
CITY ST ZIP	ORANGE PARK, FL 00000	24 CITY ST ZIP	Orange Park, FL. 32073
TITLE	DT	31 TITLE	DT ☑ Change ☐ Addition
NAME	JACKSONV, DAVID N	32 NAME	Bruce Riesen
STREET ADDRESS	926 BAY TREE CT.	33 STREET ADDRESS	1710 Wells Rd Apt 813
CITY ST ZIP	ORANGE PARK FL	34 CITY ST ZIP	Orange Park, FL 32073
TITLE		41 TITLE	D ☐ Change ☑ Addition
NAME		42 NAME	Greg Grant
STREET ADDRESS		43 STREET ADDRESS	2810 Kiowa Ave
CITY ST ZIP		44 CITY ST ZIP	Orange Park, FL. 32065
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Rev. Gary M. Shilling 42695 904-272-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022484