FILE NOW: FILING FEE IS $61.25

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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **755617** **(8)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
2827 COUNTY RD.#220 MIDDLEBURG FL 32068	2827 COUNTY RD.#220 MIDDLEBURG FL 32068

3. Date Incorporated or Qualified: **12/19/1980**
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-2146660** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHILLING, GARY M REV
1644 EVERGREEN LANE E.
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1961 TIMUCUA TRAIL
83
84 City: MIDDLEBURG, FL 85 Zip Code: 32068

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHILLING, GARY M.		1.2 NAME		
STREET ADDRESS	1644 EVERGREEN LN E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CELENDER, MICHAEL		2.2 NAME		
STREET ADDRESS	2752 OAKDALE DR. W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	3.1 TITLE	JAMES P RANCK TREASURER	☐ Change ☒ Addition
NAME	RIESEN, BRUCE		3.2 NAME		
STREET ADDRESS	1710 WELLS RD. APT. #813		3.3 STREET ADDRESS	5535 JACKSON AVE.	
CITY-ST-ZIP	ORANGE PARK FL 32073		3.4 CITY-ST-ZIP	Orange Park, FL. 32065	
TITLE	D	☒ DELETE	4.1 TITLE	~~Rodger~~ Roger Armstrong ASSISTANT TREASURER	☐ Change ☒ Addition
NAME	GRANT, GREG		4. 2 NAME		
STREET ADDRESS	2817 KIOWA AVE.		4.3 STREET ADDRESS	2882 CEDARCREST DR.	
CITY-ST-ZIP	ORANGE PARK FL 32065		4.4 CITY-ST-ZIP	Orange Park, FL. 32073	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: James Ranck SIGNATURE REQUIRED 2/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077231