

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14543 (5)
1. Corporation Name
TRUE FELLOWSHIP CHURCH, INC.



Principal Place of Business: P.O. BOX 1237, RUSKIN FL 33570-1237
Mailing Address: P.O. BOX 1237, RUSKIN FL 33570-1237

3. Date Incorporated or Qualified: **04/22/1986**
3a. Date of Last Report: **01/31/1995**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|----|--------------------|----|------------|----|-------------------------------|----|-----------------------------|----|--|----|----------------|----|----------------|----|--------------------------------|----|-----------------------------|----|--|----|--|----|----------------|----|----------------|----|-------|--|
| 21 | 21 | 22 | 22 | 23 | 23 | 24 | 24 | 25 | 25 | 26 | 26 | 27 | 27 | 28 | 28 | 29 | 29 | 30 | 30 | 4. | 4. | 5. | 5. | 6. | 6. | 7. | 7. | | |
| Principal Place of Business | | Mailing Address | | FEI Number | | Certificate of Status Desired | | Election Campaign Financing | | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | Applied For | | Not Applicable | | \$8.75 Additional Fee Required | | \$5.00 May Be Added to Fees | | Yes | | No | | Yes | | No | | | |
| 1110 27th St. S.E. | | 1110 27th St. S.E. | | 59-2767377 | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Not Applicable | | Not Applicable | | Not Applicable | | Not Applicable | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Not Applicable | | Not Applicable | | | |
| Ruskin FL | | Ruskin FL | | 33570 | | 33570 | | FL | | 33570 | | FL | | 33570 | | FL | | 33570 | | 33570 | | 33570 | | 33570 | | 33570 | | 33570 | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BRADY, RALPH LEWIS 1110 27TH ST. SE P.O. BOX 1237 RUSKIN FL 33570 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADY, RALPH | 1.2 NAME | |
| STREET ADDRESS | 1603 3RD ST. S.E. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | RUSKIN FL | 1.4 CITY - ST - ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADY, RALPH LEWIS | 2.2 NAME | |
| STREET ADDRESS | 1110 27TH ST SE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | RUSKIN FL | 2.4 CITY - ST - ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEREDITH, RICHARD | 3.2 NAME | |
| STREET ADDRESS | 1911 14TH AVE. SE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | RUSKIN FL | 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 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)(k), 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: *Richard Meredith* 1-31-96 813-645-1404
Date Daytime Phone #

CR2E037 (12/95)