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Feb 11 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 # N14543 (5)
1. Corporation Name
TRUE FELLOWSHIP CHURCH, INC.



Principal Place of Business: 1110 27TH ST SE, RUSKIN FL 33570-1237, US
Mailing Address: P.O. BOX 1237, RUSKIN FL 33570-1237

3. Date Incorporated or Qualified: 04/22/1986
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business (21-24):
2a. Mailing Address (25-30):
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip, Country
25. Zip, Country
29. Zip, Country
30. Zip, Country

4. FEI Number: 59-2767377
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
BRADY, RALPH LEWIS
1110 27TH ST. SE
P.O. BOX 1237
RUSKIN FL 33570

10. Name and Address of New Registered Agent
81 Name: WILLIAM CRENSHAW
82 Street Address (P.O. Box Number is Not Acceptable): 4101-32nd. ST. S.E. LOT 12=P.O. BOX 5086
83 SUN CITY CENTER
84 City: FL 85 Zip Code: 33571

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: William Crenshaw
DATE: 1-27-97

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRADY, RALPH	
STREET ADDRESS	1603 3RD ST. S.E.	
CITY-ST-ZIP	RUSKIN FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, RALPH LEWIS	
STREET ADDRESS	1110 27TH ST SE	
CITY-ST-ZIP	RUSKIN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MEREDITH, RICHARD	
STREET ADDRESS	1911 14TH AVE. SE	
CITY-ST-ZIP	RUSKIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	WILLIAM CRENSHAW (P)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	4101-32nd. St. S.E.-P.O.Box 5086	
2.4 CITY-ST-ZIP	SUN CITY CENTER, FL. 33571	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANK LAMAR BUZBEE	
4.3 STREET ADDRESS	1308-SWEENEY DR.	
4.4 CITY-ST-ZIP	RUSKIN, FL. 33570	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: (WILLIAM CRENSHAW) 1-29-97-812-645-5083

CR2E037 (9/96)