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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N17938

1. Corporation Name

FELLOWSHIP BAPTIST CHURCH OF MADISON, FLORIDA, I NC.

Principal Place of Business

**NORTH HWY 145 (SR)
 PO BOX 831
 MADISON FL 32340**

Mailing Address

**NORTH HWY 145 (SR)
 PO BOX 831
 MADISON FL 32340**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

11/24/1986

4. FEI Number

59-2765074

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

**WILLIAMS, MICHAEL R
 RT 5, BOX 6690
 MADISON FL 32340**

10. Name and Address of New Registered Agent

81 Name **Howard Jeff**
82 Street Address (P.O. Box Number is Not Acceptable)
Rt 3 Box 1045
83
84 City **MADISON** **FL** **85** Zip Code **32340**

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]*
 Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOWARD, JEFF
STREET ADDRESS	RT 3 BOX 1045
CITY-ST-ZIP	MADISON FL 32340
TITLE	S <input type="checkbox"/> DELETE
NAME	DANFORD, LORETTA
STREET ADDRESS	P O BOX 66 N/A
CITY-ST-ZIP	LEE FL 32059
TITLE	D <input type="checkbox"/> DELETE
NAME	DANFORD, ELLIS
STREET ADDRESS	P O BOX 66 N/A
CITY-ST-ZIP	LEE FL 32059
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDROSKI, CHIRSTY
STREET ADDRESS	RT. 1, BOX 2520
CITY-ST-ZIP	LEE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BROWN, PEGGY
STREET ADDRESS	ROUTE 2 BOX 978
CITY-ST-ZIP	MADISON FL 32340
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, Michael R.
1.3 STREET ADDRESS	Rt 5, Box 6690
1.4 CITY-ST-ZIP	MADISON, FL 32340
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brown, Vicki
2.3 STREET ADDRESS	Rt 1 Box 180
2.4 CITY-ST-ZIP	Pinetta, FL 32350
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bembrey, Lenard
3.3 STREET ADDRESS	Rt 2 Box 52A
3.4 CITY-ST-ZIP	Greenville, FL 32331
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barrs, Derek
4.3 STREET ADDRESS	618 Cantey Drive
4.4 CITY-ST-ZIP	MADISON, FL 32340
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 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: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)