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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 JAN 17 AM 11:48
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35077** **(9)**

1. Corporation Name

FELLOWSHIP CHRISTIAN CHURCH, INC.

Principal Place of Business	Mailing Address
1146 WEST 21ST STREET JACKSONVILLE FL 32209	CHARLES B EICHELBERGER P.O. BOX 40771 JACKSONVILL FL 32203

3. Date Incorporated or Qualified: **11/07/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 126 East 7th Street
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, FL
24: Zip: 32206
25: Country: Duval

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

4. FEI Number: **59-2976834** ☐ 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

EICHELBERGER, CHARLES B.
970 LAKERIDGE DR.
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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 not filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EICHELBERGER, CHARLES B. 970 LAKERIDGE DR. ORANGE PARK FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 400001700314 -01/29/96--01059--002
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EICHELBERGER, CYNTHIA 970 LAKERIDGE DR. ORANGE PARK FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D ~~*****70.00~~ ~~*****70.00~~ Eichelberger, Cynthia 970 Lakeridge Dr. Orange Park, FL 32065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUNDERS, ALBERT 1484 WEST 22ND STREET JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EICHELBERGER, ULYSSES 2344 JOHNSON AVE JACKSONVILLE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition V/D Denson, Garry 1413 West 23rd Street Jacksonville, FL 32209
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition T/D Blake, Antoinette 1413 West 23rd Street ~~Jacksonville, FL32209~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 955 1/17/96

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: Charles B. Eichelberger CHARLES B. EICHELBERGER, 01/16/96 (904)276-0973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)