

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35077** (9)

1. Corporation Name

FELLOWSHIP CHRISTIAN CHURCH, INC.



Principal Place of Business 126 EAST 7TH STREET JACKSONVILLE FL 32206	Mailing Address 126 EAST 7TH STREET JACKSONVILLE FL 32206
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/07/1989	
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	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent EICHELBERGER, CHARLES B. 3948 HICKORY GROVE DR. S. JACKSONVILLE FL 32277
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2615 Scott Mill Drive, South 83 84 City FL 85 Zip Code 32223

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	EICHELBERGER, CHARLES B.
STREET ADDRESS	3948 W. 6TH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	SD ☐ DELETE
NAME	EICHELBERGER, CYNTHIA
STREET ADDRESS	3948 W. 6TH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	D ☐ DELETE
NAME	SAUNDERS, ALBERT
STREET ADDRESS	1484 WEST 22ND STREET
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	VD ☐ DELETE
NAME	DENSON GARRY L
STREET ADDRESS	1347 WEST 6TH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	TD ☐ DELETE
NAME	BLAKE, ANTOINETTE
STREET ADDRESS	1347 WEST 6TH STREET
CITY-ST-ZIP	JACKSONVILLE FL 32209
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2615 Scott Mill Dr., South
1.4 CITY-ST-ZIP	Jacksonville, FL 32223
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2615 Scott Mill Dr., South
2.4 CITY-ST-ZIP	Jacksonville, FL 32223
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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.

SIGNATURE: *Charles B. Eichelberger* **CHARLES B. EICHELBERGER** 4/28/98 **(904) 354-3047**

CR2E037 (10/97)