

**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 # N43943 (2)**  
1. Corporation Name  
**CHARIS CHRISTIAN FELLOWSHIP, INC.**

**FILED**  
**Feb 14, 1996 08:00 A**  
**Secretary of State**



Principal Place of Business Mailing Address  
**12350 SW 132 ST SUITE 104 MIAMI FL 33186 US**

3. Date Incorporated or Qualified **06/17/1991** 3a. Date of Last Report **03/23/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 12245 SW 132 CT. 26 13876 SW 56 ST.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 MIAMI, FL 27 Suite 136**  
City & State City & State  
**23 MIAMI, FL 28 Miami, FL**  
Zip Country Zip Country  
**24 33186 25 USA 29 33175 30 USA**

4. FEI Number **65-0418847** 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  
**HOLBROOK, JOSEPH L  
25505 SW 126 CT  
PRINCETON FL 33032**

10. Name and Address of New Registered Agent  
**81 Name HOLBROOK, JOSEPH W.**  
**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 *Joseph Holbrook* DATE **1-30-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLBROOK, JOSEPH REV.	
STREET ADDRESS	25505 SW 126 ST	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIGGS, EDWARD	
STREET ADDRESS	13870 S.W. 62ND STREET, #101	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSSE, JIM	
STREET ADDRESS	7451 S.W. 133RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANTIAGO, HECTOR	
STREET ADDRESS	17324 SW 108TH CT.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKLEY, JIM	
STREET ADDRESS	6634 SW 114TH PLACE A	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	25505 SW 126 CT.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33183-2040
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33183-3341
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BULKLEY
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 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: *Joseph W. Holbrook* DATE: **1-30-96** # **305-235-4471**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (12/95)