

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$236.25.)

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morthland Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N51387 (1)
 1. Corporation Name
CHRISTIAN FELLOWSHIP BAPTIST CHURCH, MINISTRIES, INCORPORATED



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| Principal Place of Business P.O. BOX 54005 JACKSONVILLE FL 32246 | Mailing Address P.O. BOX 54005 JACKSONVILLE FL 32246 |
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|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 10/20/1992 | 3a. Date of Last Report 10/12/1995 |
| 21 | 26 | 4. FEI Number APPLIED FOR | Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| City & State | City & State | 23 | 28 |
| Zip | Country | 24 | 29 |
| 25 | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--|--|---|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| ANDERSON, KENDALL 5563 LYNNE TREE LN. N. JACKSONVILLE FL 32258 | | 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 Kendall Anderson DATE 6-20-96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DS ANDERSON, KAREN M 5563 LYNNE TREE LANE N. JACKSONVILLE FL | 1.1 TITLE | D FERGUSON, CHARLES 561 BREVARD ST. N. JACKSONVILLE, FL |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | D STOKES, BETTY 58000 BARNES RD. S. #18 JACKSONVILLE FL | 2.1 TITLE | D DRUMMOND, ROBERT 10655 WELLINGTON WAY JACKSONVILLE, FL |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | D SHELTON, RICHARD 10180 BISHOP LK. ROAD JACKSONVILLE FL | 3.1 TITLE | D STOKES, COLEMAN 5800 BARNES RD. S #18 JACKSONVILLE, FL |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | 300001896053 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -07/17/96--01020--043 |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | ***61.25 |

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: Karen Anderson DATE 6-20-96 (904) 262-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)