

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90010 025 \*\*\*\*70.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N51387**

1. Corporation Name

**CHRISTIAN FELLOWSHIP BAPTIST CHURCH, MINISTRIES,  
 INCORPORATED**

Principal Place of Business

Mailing Address

P.O. BOX 54005  
 JACKSONVILLE FL 32246

P.O. BOX 54005  
 JACKSONVILLE FL 32246



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/20/1992

22 City & State

27 City & State

4. FEI Number

Applied For

58-5291048

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24

25

29

30

6. Election Campaign Financing

**\$5.00** May Be  
 Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current 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* 07-09-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME D  
 STOKES, MARIE  
 STREET ADDRESS 1600 LANDSDOWNE DR, #510  
 CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE  Change  Addition  
 1.2 NAME S/D  
 ANDERSON, KAREN  
 1.3 STREET ADDRESS 5563 LYNNE TREE LN. N.  
 1.4 CITY-ST-ZIP JACKSONVILLE, FL.

TITLE  DELETE  
 NAME D  
 STOKES, BETTY  
 STREET ADDRESS 58000 BARNES RD. S. #18  
 CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 FERGUSON, DEBORAH  
 STREET ADDRESS 561 BREVARD ST NORTH  
 CITY-ST-ZIP ST AUGUSTINE FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 FERGUSON, CHARLES  
 STREET ADDRESS 561 BREVARD ST. N.  
 CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 DRUMMOND, ROBERT  
 STREET ADDRESS 10655 WELLINGTON WAY  
 CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 STOKES, COLEMAN  
 STREET ADDRESS 1600 LANDSDOWNE DR, #510  
 CITY-ST-ZIP JACKSONVILLE FL

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, with all other like empowered.

SIGNATURE: *Karen Marie Stokes* 07-09-99 904-262-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0010471