


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90166 046 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N94000000429**  
 1. Corporation Name  
**CHRISTIAN FELLOWSHIP MINISTRIES, INCORPORATED**

Principal Place of Business Mailing Address  
**3302 EVERGREEN AVE 3302 EVERGREEN AVE**  
**JACKSONVILLE FL 32206 JACKSONVILLE FL 32206**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		01/05/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3178430	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOPKINS, ALMA H 3302 EVERGREEN AVE JACKSONVILLE FL 32206				81 Name <b>OLA WILLIAMS</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 <b>3302 Evergreen Ave</b>			
				84 City <b>JACKSONVILLE FL</b> 85 Zip Code <b>32206</b>			

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 *Ola Williams* **Ola Williams** **5/22/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, OLA		1.2 NAME				
STREET ADDRESS	2713 EVENTIDE DR.		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32209		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, ANNETTE B		2.2 NAME				
STREET ADDRESS	2728 EVENTIDE DR		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32209		2.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	NESMITH, TERRACENA		3.2 NAME	DANITA PINCKNEY			
STREET ADDRESS	6215 SPRINKLE DR		3.3 STREET ADDRESS	2713 EVENTIDE DR.			
CITY-ST-ZIP	JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209			
TITLE	TO	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, ALMA H		4.2 NAME				
STREET ADDRESS	6300 MORSE AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32244		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: *Ola Williams* **Ola Williams** **4/29/99** **356-5521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)