FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N97000002258 (8)

FENNELL FOUNTAIN MINISTRIES INC.

FILED May 21 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address				n shallfader and rayer rayer sayer sayer daskt daskt botte trough broth bellt 1000	
POST OFFICE BOX 542155 MERRITT ISLAND FL 32954-2155		POST OFFICE BOX 542155			3. Date Incorporated or Qualified
		MERRITT ISLAND FL 32954	-2155		04/21/1997
					4. FEI Number Applied For
					Not Applicable
	cipal Place of Business 2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					Fee Required
		27	uite, Api. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State City & State				7. Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes Z No
Zip	Country	Zip	Count	fy	8. This corporation owes or has paid the current year Integrable
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Address of New Registered Agent
			<u>ַ</u>	Name	·
	FENNELL, SUSAN		8	2 Street	t Address (P.O. Box Number is Not Acceptable)
2327 SCOTLAND ROAD COCOA FL 32926			8	3	
COUCH	rt 32820			1 20	
			8	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s, the abo	ve named	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
egent. La	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 617.0503, Flo	iutnorizea irida Statut	by the cor es.	rporation's board or directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered ag		Registered A	gent signatur	re required when reinslating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVT	ID DIRECTORS DELETE	1.1 TITL		
NAME	FENNELL, SUSAN	A second	1.2 NAM		FENNELL, SUSAN
STREET ADDRESS	POST OFFICE BOX 542155			et address	PVTD FENNELL, SUSAN 2327 Scotland Road COCOA, FLORIDA 32926
CITY-ST-ZIP	MERRITT ISLAND FL 32954-2	155		- ST - ZIP	۱
TITLE	SC SC	DELETE	2.1 TITL		SCD Change Addition
NAME	HALLETT, JAMES		2.2 NAM	E	HALLETT, JAMES POST OFFICE BOY 542155 N=4
STREET ADDRESS	POST OFFICE BOX 542155		2.3 STR	et address	HALLETT, JAMES POST OFFICE BOX 542155 N-A MERRITT ISLAND FL 32954-2155
CITY-ST-ZIP	MERRITT ISLAND FL 32954-2		2. 4 CITY		
TITLE		☐ DELETE	3.1 TITLI		D Change Addition
NAME			3.2 NAM	-	ROBERT FENNELL
STREET ADDRESS				ET ADDRESS	POST OFFICE BOX 542155 N-A MERRITT ISLAND FL 32954-2155
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	3.4. CITY 4.1 TITLE	- ST- ZIP	Change Addition
NAME		- pttrit	4. 2 NAN		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM	E	
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	
TITLE		DELETE	6.1 TITE		Change Addition
NAME			6.2 NAM	Ē	
STREET ADDRESS			6.3 STRE	ET ADORESS	
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	

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.