

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUN 28 AM 8:56**

**DOCUMENT # P20469 (3)**

1. Corporation Name  
**FELLOWSHIP OF CHRISTIAN ATHLETES, INC.**

Principal Place of Business Mailing Address  
 8701 LEEDS RD. 8701 LEEDS RD.  
 KANSAS CITY MO 64129 KANSAS CITY MO 64129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/11/1988</b>	3a. Date of Last Report <b>02/02/1994</b>
4. FEI Number <b>44-0610626</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for alternate tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>SD</b>
NAME	<b>BOLIN, MARY J</b>
STREET ADDRESS	<b>1613 HUNTER RIDGE</b>
CITY - ST - ZIP	<b>SPRINGFIELD IL</b>
TITLE	<b>PD</b>
NAME	<b>SHEALY, DAL</b>
STREET ADDRESS	<b>8701 LEEDS RD.</b>
CITY - ST - ZIP	<b>KANSAS CITY, MO</b>
TITLE	<b>TV</b>
NAME	<b>HANDLEY, ROD</b>
STREET ADDRESS	<b>8701 LEEDS RD.</b>
CITY - ST - ZIP	<b>KANSAS CITY MO</b>
TITLE	<b>TD</b>
NAME	<b>SNIPES, MARSHALL</b>
STREET ADDRESS	<b>8701 LEEDS RD</b>
CITY - ST - ZIP	<b>KANSAS CITY MO</b>
TITLE	<b>S</b>
NAME	<b>HILKEMEIER, DON</b>
STREET ADDRESS	<b>8701 LEEDS RD.</b>
CITY - ST - ZIP	<b>KANSAS CITY MO</b>
TITLE	<b>T</b>
NAME	<b>OLSON, FRED</b>
STREET ADDRESS	<b>8701 LEEDS ROAD</b>
CITY - ST - ZIP	<b>KANSAS CITY MO</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2743 S. Veterans Pky, #193</b>
1.4 CITY - ST - ZIP	<b>Springfield, IL 62704</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	
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 110.07(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: Fred Olson 6/22/95 (616) 921-0909 v.259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E037 (3/95)