

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P20469** (3)

1. Corporation Name

FELLOWSHIP OF CHRISTIAN ATHLETES, INC.



Principal Place of Business

8701 LEEDS RD.
KANSAS CITY MO 64129

Mailing Address

8701 LEEDS RD.
KANSAS CITY MO 64129

3. Date Incorporated or Qualified
08/11/1988

3a. Date of Last Report
06/28/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 44-0610626		Applied For	
21		26				Not Applicable	
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		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		28		29		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country	30			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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	SD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLIN, MARY J	1.2 NAME	Joan Crohan
STREET ADDRESS	2743 S VETERANS PKWY 193	1.3 STREET ADDRESS	207 Thompson Bowling Arena
CITY-ST-ZIP	SPRINGFIELD IL	1.4 CITY-ST-ZIP	Knoxville, TN 37996
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEALY, DAL	2.2 NAME	
STREET ADDRESS	8701 LEEDS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY, MO	2.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, ROD	3.2 NAME	
STREET ADDRESS	8701 LEEDS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIPES, MARSHALL	4.2 NAME	David Sylvester
STREET ADDRESS	8701 LEEDS RD	4.3 STREET ADDRESS	600 Montgomery St.
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILKEMEIER, DON	5.2 NAME	John Shore
STREET ADDRESS	8701 LEEDS RD.	5.3 STREET ADDRESS	8701 Leeds Rd.
CITY-ST-ZIP	KANSAS CITY MO	5.4 CITY-ST-ZIP	Kansas City, MO 64129-1680
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, FRED	6.2 NAME	
STREET ADDRESS	8701 LEEDS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	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 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: *Fred Olson* Fred Olson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 (516)921-0909

Date Daytime Phone #

CR2E037 (12/95)