


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 09 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified <b>08/11/1988</b>	
4. FEI Number <b>44-0610626</b>	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRONAN, JOAN</b>	
STREET ADDRESS	<b>207 THOMPSON BOWLING ARENA</b>	
CITY-ST-ZIP	<b>KNOXVILLE TN</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEALY, DAL</b>	
STREET ADDRESS	<b>8701 LEEDS RD.</b>	
CITY-ST-ZIP	<b>KANSAS CITY, MO</b>	
TITLE	<b>TV</b>	<input type="checkbox"/> DELETE
NAME	<b>HANDLEY, ROD</b>	
STREET ADDRESS	<b>8701 LEEDS RD.</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SYLVESTER, DAVID</b>	
STREET ADDRESS	<b>600 MONTGOMERY STREET</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SHORE, JOHN</b>	
STREET ADDRESS	<b>8701 LEEDS ROAD</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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.

SIGNATURE: \_\_\_\_\_ **2-105/98**

CR2E037 (10/97)