


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **708057** (5)
1. Corporation Name
**CHILD EVANGELISM FELLOWSHIP OF ALACHUA COUNTY, I
NC.**

| | |
|--|--|
| Principal Place of Business 2103 NW 36TH TERRACE GAINESVILLE FL 32605-3631 | Mailing Address 2103 NW 36TH TERRACE GAINESVILLE FL 32605-3631 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 11/03/1964 | 3a. Date of Last Report 07/25/1996 |
| 4. FEI Number 59-1000180 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 7. \$5.00 May Be Added to Fees | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**NORTHAM, DELMER
5642 SILVER SANDS CIRCLE BOX1694
KEYSTONE HEIGHTS FL 32656**

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  (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------------|---|---|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NORTHAM, DELMER | 1.2 NAME | |
| STREET ADDRESS | 56 SILVER SANDS CIRCLE NA | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS FL 32656-1694 | 1.4 CITY-ST-ZIP | |
| TITLE | VCD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDONALD, PATRICK | 2.2 NAME | |
| STREET ADDRESS | 202SE 51ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARDY, CYNZIA | 3.2 NAME | |
| STREET ADDRESS | 5103 NW 29TH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARDY, DALE | 4.2 NAME | |
| STREET ADDRESS | 5103 NW 29TH ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | 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 do 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  SIGNATURE REQUIRED **DELIMER NORTHAM** 8-8-97 (252) 2789449

CP2E037 (4/97)