

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **717379** (2)

1. Corporation Name

FELLOWSHIP OF CHRISTIAN LOVE, INC.



Principal Place of Business

**674 SAN PABLO AVE.
CASSELBERRY FL 32707**

Mailing Address

**1510 WEST STEVENS AVENUE
DELAND FL 32720
US**

3. Date Incorporated or Qualified
10/20/1969

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 1510 WEST STEVENS AVE.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DELAND, FL.

28

Zip Country

Zip Country

24 32720

25 VOLUSIA

29

30

4. FEI Number
59-1286909

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REDDY, THOMAS
239 SOUTH RIDGEWOOD
DELAND FL 32720**

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** ☐ DELETE
NAME **REDDY, THOMAS**
STREET ADDRESS **239 SOUTH RIDGEWOOD**
CITY-ST-ZIP **DELAND FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **MARZULLO, FRANCIS**
STREET ADDRESS **1510 WEST STEVENS AVENUE**
CITY-ST-ZIP **DELAND FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **REDDY, CYNTHIA**
STREET ADDRESS **239 SOUTH RIDGEWOOD**
CITY-ST-ZIP **DELAND FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MARZULLO, EVELYN**
STREET ADDRESS **1510 WEST STEVENS STREET AVENUE**
CITY-ST-ZIP **DELAND FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Thomas J. Reddy Jr.* (THOMAS REDDY JR)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (904) 734-4011
Date Daytime Phone #

CR2E037 (12/95)