

**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 # **719012** (7)

1. Corporation Name  
**FELLOWSHIP IN CHRIST EVANGELISTIC ASSOCIATION, I NC.**



Principal Place of Business: **284 E. 46TH STREET JACKSONVILLE FL 32208**  
Mailing Address: **284 E. 46TH STREET JACKSONVILLE FL 32208**

3. Date incorporated or Qualified: **02/20/1970**  
3a. Date of Last Report: **04/21/1995**  
4. FEI Number: **23-7069903**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Country: **DUVAL**

9. Name and Address of Current Registered Agent

**BATTON, MARVIN E  
284 E 46TH ST  
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name: **SAME**  
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: **MARVIN E BATTON** *Marvin E. Batton* 4-12-96

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>BATTON, MARVIN</b>	
STREET ADDRESS	<b>284 E. 46TH ST.</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32208</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>BATTON, JEWEL H.</b>	
STREET ADDRESS	<b>284 E. 46TH ST.</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32208</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ADKINS, MARY</b>	
STREET ADDRESS	<b>10303 SWARTHMORE DR.</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BATTON, TERRY B.</b>	
STREET ADDRESS	<b>5411 CREEK INDIAN TRAIL</b>	
CITY - ST - ZIP	<b>DOUGLASVILLE GA 30135</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFITH, WYNNETTE</b>	
STREET ADDRESS	<b>3213 E. JAMES LEE BLVD.</b>	
CITY - ST - ZIP	<b>CRESTVIEW FL 3253 9</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Marvin E. Batton* **MARVIN E BATTON** 4-12-96

CR2E037 (12/95)