

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719012 (7)**  
1. Corporation Name  
**FELLOWSHIP IN CHRIST EVANGELISTIC ASSOCIATION, I NC.**



Principal Place of Business <b>284 E. 46TH STREET JACKSONVILLE FL 32208</b>	Mailing Address <b>284 E. 46TH STREET JACKSONVILLE FL 32208-5340</b>
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2. Principal Place of Business <b>21 same</b>		2a. Mailing Address <b>26 same</b>		3. Date Incorporated or Qualified <b>02/20/1970</b>	3a. Date of Last Report <b>04/19/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>23-7069903</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name <b>Same</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
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** PT. *Marvin E. Batton* 3-15-97  
Signature Printed 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 <b>PT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BATTON, MARVIN</b>		1.2 NAME	<b>Same</b>
STREET ADDRESS <b>284 E. 46TH ST.</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>JACKSONVILLE FL 32208</b>		1.4 CITY - ST - ZIP	
TITLE <b>VS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BATTON, JEWEL H.</b>		2.2 NAME	
STREET ADDRESS <b>284 E. 46TH ST.</b>		2.3 STREET ADDRESS	<b>Same</b>
CITY - ST - ZIP <b>JACKSONVILLE FL 32208</b>		2.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ADKINS, MARY</b>		3.2 NAME	
STREET ADDRESS <b>10303 SWARTHMORE DR.</b>		3.3 STREET ADDRESS	<b>Same</b>
CITY - ST - ZIP <b>JACKSONVILLE FL 32218</b>		3.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BATTON, TERRY B.</b>		4.2 NAME	
STREET ADDRESS <b>5411 CREEK INDIAN TRAIL</b>		4.3 STREET ADDRESS	<b>Same</b>
CITY - ST - ZIP <b>DOUGLASVILLE GA 30135</b>		4.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIFFITH, WYNNETTE</b>		5.2 NAME	
STREET ADDRESS <b>410 WINGARD AVE.</b>		5.3 STREET ADDRESS	<b>Same</b>
CITY - ST - ZIP <b>CRESTVIEW FL 32538</b>		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: **Marvin E. Batton** *Marvin E. Batton* 3-15-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0005038

CR2E037 (9/96)