


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Martham, 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 284 E. 46TH STREET JACKSONVILLE FL 32208	Mailing Address 284 E. 46TH STREET JACKSONVILLE FL 32208
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3. Date Incorporated or Qualified 02/20/1970	
4. FEI Number 23-7069903	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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 President** 3-10-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PT	<input type="checkbox"/>
NAME	BATTON, MARVIN	
STREET ADDRESS	284 E. 46TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	VS	<input type="checkbox"/>
NAME	BATTON, JEWEL H.	
STREET ADDRESS	284 E. 46TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	VD	<input type="checkbox"/>
NAME	ADKINS, MARY	
STREET ADDRESS	10303 SWARTHMORE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input type="checkbox"/>
NAME	BATTON, TERRY B.	
STREET ADDRESS	5411 CREEK INDIAN TRAIL	
CITY-ST-ZIP	DOUGLASVILLE GA 30135	
TITLE	VD	<input type="checkbox"/>
NAME	GRIFFITH, WYNNETTE	
STREET ADDRESS	410 WINGARD AVE.	
CITY-ST-ZIP	CRESTVIEW FL 32538	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VS	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Griffith, Wynnette		
2.3 STREET ADDRESS	3243 James Lee Blvd.		
2.4 CITY-ST-ZIP	Crestview, Fla. 32538	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VD	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Batton, Terry, B		
4.3 STREET ADDRESS	S HELMOI ACRE		
4.4 CITY-ST-ZIP	ROUTE 7 COOL BRANCH RD.		
5.1 TITLE	VP	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Griffith, Johnnie, E.		
5.3 STREET ADDRESS	3243 James Lee Blvd.		
5.4 CITY-ST-ZIP	Crestview, FL 32539	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	VD	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Shipes, Eileen		
6.3 STREET ADDRESS	8299 Henry Smith Rd.		
6.4 CITY-ST-ZIP	Hilliard, FL 32046		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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** 3-10-98 904 3543167

CR2E037 (10/97)