

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90041 024 ****75.00

DOCUMENT # 719012
1. Entity Name
FELLOWSHIP IN CHRIST EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
371871 HENRY SMITH RD. HILLIARD FL 32046 **371871 HENRY SMITH RD. HILLIARD FL 32046**

2. Principal Place of Business 3. Mailing Address
371 871 HENRY SMITH RD **371 871 HENRY SMITH RD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HILLIARD FLA. **HILLIARD FLA. 32046**
Zip Country Zip Country
32046 **NASSAU** **32046** **NASSAU**

1st MOORE CR2E037 (10/04)

4. FEI Number **23-7069903** Applied For
Not Applicable
5. Certificate of Status Desired **yes** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BATTON, MARVIN E
371871 HENRY SMITH RD
HILLIARD FL 32046

7. Name and Address of New Registered Agent
Name **BATTON, MARVIN E**
Street Address (P.O. Box Numbers Not Acceptable) **371871 HENRY SMITH RD**
HILLIARD, FL 32046
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARVIN E BATTON** DATE **MAR. 9 05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BATTON, MARVIN E	
STREET ADDRESS	371871 HENRY SMITH RD	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRIFFITH, WYNNETTE J	
STREET ADDRESS	3162 JAMES KENNEDY RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATTON, TERRY B DR	
STREET ADDRESS	RT 3 LOT 7 SHELOME ACRE	
CITY-ST-ZIP	GEORGETOWN GA 31754	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, JUSTIN WIL	
STREET ADDRESS	2301 BELL LANE	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BATTON, CHARLOTTE E	
STREET ADDRESS	371871 HENRY SMITH RD	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTON, MARVIN BATTON	
STREET ADDRESS	371871 HENRY SMITH RD	
CITY-ST-ZIP	HILLIARD, FL 32046	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFTH, WYNNETTE J	
STREET ADDRESS	3162 JAMES KENNEDY RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTON, TERRY B DR	
STREET ADDRESS	RT 3 LOT 7 SHELOME ACRE	
CITY-ST-ZIP	GEORGETOWN GA 31754	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JUSTIN WIL	
STREET ADDRESS	2301 BELL LANE	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTON, CHARLOTTE E	
STREET ADDRESS	371871 HENRY SMITH RD	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARVIN E BATTON** DATE **MAR. 9 05** DAYTIME PHONE # **904 845-2904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR