SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 719754 (4)

1. Corporation Name
COURTENAY CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
6250 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953	6250 N. COURTENAY PARKWAY MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified: **11/25/1970**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **23-7068144** ☐ 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

POLICICCHIO,CAROLINA C
5780 N. COURTENAY PKWY.
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MONTECALVO, GARY DAVID		1.2 NAME	
STREET ADDRESS	6200 NORTH COURTENAY PARKWAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KAPLET, RUTH		2.2 NAME	
STREET ADDRESS	5955 NORTH TROPICAL TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KREWSON, DALE G		3.2 NAME	
STREET ADDRESS	4515 TANGELO DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SAWYER, WILLIAM LUTHER		4.2 NAME	
STREET ADDRESS	4145 JUANITA STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, DAVID		5.2 NAME	
STREET ADDRESS	3052 SKYLINE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DOW, RICHARD GILBER S		6.2 NAME	
STREET ADDRESS	1052 HENRY BALCH DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	

CR2E037 (3/96)

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: Richard W. Dow REQUIRED — June 7, 1996 — 407 645-0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006177