

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727818 (7)
1. Corporation Name
THE CHRISTAIN FELLOWSHIP OF BROOKSVILLE, INC.

Principal Place of Business Mailing Address
7391 DUBLIN ROAD 7391 DUBLIN ROAD
P.O. BOX 10136 P.O. BOX 10136
BROOKSVILLE FL 34601 BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1973 3a. Date of Last Report 03/04/1994
4. FEI Number 59-2304450 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 7391 Lykes Dublin Rd Brooksville Fla. 25 P.O. Box 10136 Brooksville Fla.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 7391 Lykes Dublin Rd. 27 7391 Lykes Dublin Rd. Brooksville Fla.
City & State City & State
23 Brooksville Florida 28 Brooksville Fla.
Zip Country Zip Country
24 34601 25 Hernando 29 34601 30 Hernando

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, JAMES F
7391 DUBLIN RD
BROOKSVILLE FL 34601

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME SMITH, MR GERALD
STREET ADDRESS 6144 NEFF LK RD
CITY - ST - ZIP BROOKSVILLE FL
TITLE STD
NAME JACKSON, ROSSO
STREET ADDRESS 13119 TAFT ST.
CITY - ST - ZIP BROOKSVILLE FL
TITLE PD
NAME ROBERTS, JAMES E.
STREET ADDRESS 7391 DUBLIN ROAD
CITY - ST - ZIP BROOKSVILLE FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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: James E. Roberts - James E. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/95
Date

904-754-4571
Telephone