

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**7391 DUBLIN ROAD
7391 LYKES DUBLIN RD.
BROOKSVILLE FL 34601
US**

Mailing Address
**7391 DUBLIN ROAD
P.O. BOX 10136
BROOKSVILLE FL 34601**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1973		3a. Date of Last Report 03/16/1995	
21		26		4. FEI Number 59-2304450		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

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			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	SMITH, MR GERALD			1.2 NAME			
STREET ADDRESS	6144 NEFF LK RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			1.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	JACKSON, ROSSO			2.2 NAME			
STREET ADDRESS	13119 TAFT ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			2.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	ROBERTS, JAMES E.			3.2 NAME			
STREET ADDRESS	7391 DUBLIN ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ 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 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: James E. Roberts - James E. Roberts Date: 4-1-96 Daytime Phone #: 352-799-7855

CR2E037 (12/95)