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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727818**

1. Corporation Name
THE CHRISTAIN FELLOWSHIP OF BROOKSVILLE, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 7391 Lykes Dublin Rd	26 P.O.box 10136	10/19/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2304450 ☐ Applied For ☐ Not Applicable
City & State 23 Brooksville, Fl	City & State 28 Brooksville, Fl.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34601 25 Hernando	Zip / Country 29 34601 30 Hernando	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Correction →	81 Name: James E. Roberts 82 Street Address (P.O. Box Number is Not Acceptable): 7391 Lykes Dublin Rd. 83 84 City: Brooksville FL 85 Zip Code: 34601

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	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	"Correction"
STREET ADDRESS	7391 DUBLIN ROAD		3.3 STREET ADDRESS	7391 Lykes Dublin Rd
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	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: James E. Roberts ~~SIGNATURE REQUIRED~~ April 26, 1999 (352) 754-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #