FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735817** **(9)**

1. Corporation Name
FELLOWSHIP CHAPEL, INC.

Principal Place of Business	Mailing Address
6407 FORT KING ROAD ZEPHYRHILLS FL 33541	6407 FORT KING ROAD ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1976**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-6543275** ☐ 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
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

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent

WACASER, MARION E. SR.
8914 W KNIGHTS-GRIFFIN RD.
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3837 Amber Ave
83
84 City Zephyrhills FL 85 Zip Code 33541

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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MEAD, ELDON	1.2 NAME	
STREET ADDRESS	5443 9TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KORNMYER, CARL	2.2 NAME	
STREET ADDRESS	5 ST.LOT 3-9905 N.FL.AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☒ Change ☐ Addition
NAME	MARION, WACASER	3.2 NAME	P.S. TOO Wacaser, Marion
STREET ADDRESS	8914 W KNIGHTS GRIFFIN	3.3 STREET ADDRESS	3837 Amber Ave
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Zephyrhills, Fl 33541
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MEAD, JUDITH	4.2 NAME	
STREET ADDRESS	5443 9TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BURGETT, ROBERT	5.2 NAME	
STREET ADDRESS	1707 N 16 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	Reeves, Troy ☒ Change ☐ Addition
NAME	WACASER, MARVIN	6.2 NAME	37334 Coleman Av.
STREET ADDRESS	38307 AMBER AVE	6.3 STREET ADDRESS	
CITY ST ZIP	ZEPHYRHILLS FL	6.4 CITY-ST-ZIP	Dade City, Fl 33525

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: Marion E. Wacaser, Sr. 4/23/95 782-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARION E. WACASER, SR.

006A741