

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 # 735817 (9)

1. Corporation Name

FELLOWSHIP CHAPEL, INC.



Principal Place of Business

**6407 FORT KING ROAD
ZEPHYRHILLS FL 33541**

Mailing Address

**6407 FORT KING ROAD
ZEPHYRHILLS FL 33541**

3. Date Incorporated or Qualified
05/14/1976

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6543275

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24 Zip

Country

29 Zip

Country

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

**WACASER, MARION E. SR.
3837 AMBER AVE
ZEPHYRHILLS FL 33541**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MEAD, ELDON**
STREET ADDRESS **5443 9TH ST**
CITY-ST-ZIP **ZEPHYRHILLS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KORNMYER, CARL**
STREET ADDRESS **5 ST.LOT 3-9905 N.FL.AVE**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **WACASER, MARION**
STREET ADDRESS **3837 AMBER AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **MEAD, JUDITH**
STREET ADDRESS **5443 9TH STREET**
CITY-ST-ZIP **ZEPHYRHILLS, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BURGETT, ROBERT**
STREET ADDRESS **1707 N 16 ST.**
CITY-ST-ZIP **ZEPHYRHILLS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **REEVES, TROY**
STREET ADDRESS **37334 COLEMAN AVE**
CITY-ST-ZIP **DADE CITY FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Hugh BENNETT**
6.3 STREET ADDRESS **39102 W 12TH ST**
6.4 CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARION WACASER

Marion W. Caser

2/2/97

CR2E037 (12/95)