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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33541-2537
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3. Date Incorporated or Qualified 05/14/1976	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-6543275	Applied For <input type="checkbox"/>
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WACASER, MARION E. SR. 3837 AMBER AVE ZEPHYRHILLS FL 33541		10. Name and Address of New Registered Agent	
81 Name	Wacaser, Marion E. Sr.		
82 Street Address (P.O. Box Number is Not Acceptable)	6403 Fort King Rd.		
83			
84 City	Zephyrhills	85 Zip Code	FL 33541

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: *Marion E. Wacaser Sr.* (NOTE: Registered Agent signature required when reinstating) DATE: **16 March 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEAD, ELDON		1.2 NAME	
STREET ADDRESS 5443 9TH ST ZEPHYRHILLS FL		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WACASER, MARION		3.2 NAME	
STREET ADDRESS 3837 AMBER AVE ZEPHYRHILLS FL		3.3 STREET ADDRESS 6403 Fort King Rd.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT, HUGH		6.2 NAME	
STREET ADDRESS 38102 12TH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP ZEPHYRHILLS FL		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Marion E. Wacaser Sr.* DATE: **16 March 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone # 0045787

CR2E037 (9/96)