

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90188 004 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 735817**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**05/14/1976**

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

9. Name and Address of Current Registered Agent

**WACASER, MARION E. SR.**  
**6403 FORT KING RD.**  
**ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **MEAD, ELDON**

STREET ADDRESS **5443 9TH ST**

CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **D** ☐ DELETE

NAME **KORNMYER, CARL**

STREET ADDRESS **5 ST. LOT 3-9905 N.FL AVE**

CITY-ST-ZIP **TAMPA FL**

TITLE **P** ☐ DELETE

NAME **WACASER, MARION**

STREET ADDRESS **6403 FORT KING RD.**

CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **T** ☒ DELETE

NAME **MEAD, JUDITH**

STREET ADDRESS **5443 9TH STREET**

CITY-ST-ZIP **ZEPHYRHILLS, FL 00000**

TITLE **D** ☒ DELETE

NAME **BURGETT, ROBERT**

STREET ADDRESS **1707 N 16 ST.**

CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **D** ☒ DELETE

NAME **BENNETT, HUGH**

STREET ADDRESS **38102 12TH ST**

CITY-ST-ZIP **ZEPHYRHILLS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **LOVE, JAMES**

1.3 STREET ADDRESS **6537 FOXMOOR ST.**

1.4 CITY-ST-ZIP **ZEPHYRHILLS FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **T** ☒ Change ☐ Addition

4.2 NAME **LOVE, MARJORIE**

4.3 STREET ADDRESS **6537 FOXMOOR ST.**

4.4 CITY-ST-ZIP **ZEPHYRHILLS FL**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**DECKER, HARRY**

**6416 MIDLAND ST.**

**ZEPHYRHILLS FL**

**SHULTZ, LARRY**

**6026 18TH ST.**

**ZEPHYRHILLS FL**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**WACASER, MARION**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/99

Date 813 788 6515  
Daytime Phone #

CR2E037 (1/98)