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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 739023 (0)

1. Corporation Name

CHRISTIAN FELLOWSHIP CENTER, INC.



Principal Place of Business

Mailing Address

9840 S.W. 165 TERR.
MIAMI FL 33157

9840 S.W. 165 TERR.
MIAMI FL 33157-3337

3. Date Incorporated or Qualified
05/13/1977

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0036926

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

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

KING, EMERSON
9840 S.W. 165 TERR.
MIAMI FL 33157

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KING, EMERSON
STREET ADDRESS 9840 S.W. 165 TERR.
CITY-ST-ZIP MIAMI FL

DELETE

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

Change Addition

TITLE VD
NAME KING, MILDRED
STREET ADDRESS 9840 S.W. 165 TERR.
CITY-ST-ZIP MIAMI FL

DELETE

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

Change Addition

TITLE D
NAME KING, ANNA
STREET ADDRESS 9840 S.W. 165TH TERRACE
CITY-ST-ZIP MIAMI FL

DELETE

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

Change Addition

TITLE STD
NAME MOKHER, MARY
STREET ADDRESS 7725 S.W. 141ST ST.
CITY-ST-ZIP MIAMI FL

DELETE

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

Change Addition

TITLE D
NAME KING, THOMAS C.
STREET ADDRESS 8640 S.W. 125TH TERR
CITY-ST-ZIP MIAMI FL

DELETE

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

Change Addition

TITLE D
NAME KING, EMILY J.
STREET ADDRESS 9840 S.W. 165TH TERRACE
CITY-ST-ZIP MIAMI FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: *Emerson J. King* EMERSON J. KING 3-7-97 305 238-6456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031268

CR2E037 (9/96)