

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 # Charter # 759928

1. Corporation Name

Fellowship Temple Mission Inc.

Principal Place of Business

Mailing Address

6066 EAST HOFFNER AVE
ORLANDO, FL. 32822

3. Date Incorporated or Qualified

3a. Date of Last Report:

November 9, 1982

1995

4. FEI Number

59-2152912

Applied For

Not Applicable

5. Certificate of Status Desired

☒ S

\$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

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTHA M. HOWELL
2234 - CR. 722
WEBSTER, FL. 33597

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 617.1506, 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 the applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MARTHA M. HOWELL
STREET ADDRESS 6106 EAST HOFFNER
CITY-ST-ZIP ORLANDO, FL. 32822

TITLE ☐ DELETE

NAME JESSE HOWELL JR
STREET ADDRESS 6128 EAST HOFFNER AVE
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME S-D BETTY JO MARTIN
STREET ADDRESS 714 ALBERTSON PLACE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE ☐ DELETE

NAME HAROLD HOWELL SR.
STREET ADDRESS 6122 EAST HOFFNER AVE
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☒ DELETE

NAME D JOE ISOLA
STREET ADDRESS 4050 REDDIT RD
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☒ DELETE

NAME D JACK PAXTON
STREET ADDRESS 6527 RANDOLPH
CITY-ST-ZIP ORLANDO, FL 32806

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME 2234 - CR. 722
13 STREET ADDRESS WEBSTER, FL. 33597
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***70.00

5-1-96

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: HAROLD J. HOWELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

Date

407-273-3404

Daytime Phone

CR2E037 (12/95)