

FILE NOW: FILING FEE IS \$61.25 .

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # 759928
1. Corporation Name
Fellowship Temple Mission Inc.

Principal Place of Business 7116 Hwy 471 Bushnell, FL. 33513	Mailing Address Fellowship Temple c/o Harold Howell 8230 SE 23rd DR. Webster, FL 33597
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 8/8/1981	4. FEI Number 59-2152912	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

81 Name	MARTHA HOWELL
82 Street Address (P.O. Box Number is Not Acceptable)	8264 S.E. 23rd DR.
83	
84 City	Webster FL 33597

10. Name and Address of New Registered Agent

81 Name	MARTHA HOWELL
82 Street Address (P.O. Box Number is Not Acceptable)	8264 S.E. 23rd DR.
83	
84 City	Webster FL 33597

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	P/D MARTHA HOWELL
STREET ADDRESS		13 STREET ADDRESS	8264 SE. 23rd DR.
CITY-ST-ZIP		14 CITY-ST-ZIP	Webster, FL 33597
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	V/D Jesse Howell Sr.
STREET ADDRESS		23 STREET ADDRESS	8412 SE. 23rd DR.
CITY-ST-ZIP		24 CITY-ST-ZIP	Webster, FL 33597
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	D/T HAROLD HOWELL SR.
STREET ADDRESS		33 STREET ADDRESS	8230 SE. 23rd DR.
CITY-ST-ZIP		34 CITY-ST-ZIP	Webster, FL 33597
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	D/S Betty Jo Martin
STREET ADDRESS		43 STREET ADDRESS	8328 SE. 23rd DR.
CITY-ST-ZIP		44 CITY-ST-ZIP	Webster, FL 33597
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	25 S.I.
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	500002508445
STREET ADDRESS		63 STREET ADDRESS	-05/04/98--01002--007
CITY-ST-ZIP		64 CITY-ST-ZIP	***70.00

14. I 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: **Harold Howell Sr. - Harold Howell Sr. 4/22/98 568-7326**

CR2E037 (10/97)