## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 759928 1. Corporation Name

FELLOWSHIP TEMPLE MISSION, INC.

Principal Place of Bu
7116 HWY. 471 BUSHNELL FL 33513

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

C/O HAROLD HOWELL 8230 SE 23RD DR. WEBSTER FL 33597

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90010 012 \*\*\*\*70.00

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

09/08/1981

59-2152912

4. FEI Number

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Žip	Country	<u> </u>	Zip C	— ·	ariu y	1			on Campa Fund Con	-	iong			to Fees
4	9. Name and Address of Current F	29		30	т —	1			e and Add		New Re	gistered A		
		81	Name		- Halli	and Add	500 5, (		<u> </u>					
					"			. 1,				-	<u>, , , , , , , , , , , , , , , , , , , </u>	
HOWELL, MARTHA					82	Street Add	dress	(P.O. Bo	x Number	r is Not A	cceptabl	le) į		j
8264 SE 23RD DR WEBSTER FL 33597					83	1	<del></del>			<del></del>	<u> </u>			
					03	!						1		
	,				84	City					. •		85 Zip	Code
	·		<u> </u>		┸┸	<u> </u>		41	- lan dela a del	etemont f	or the n	urnose of	changing its	s registered
	to the provisions of Sections 617.0502 agaistered agent, or both, in the State of in familiar with, and accept the obligation						rpora tion's	board of	f directors	l hereby	accept	the appoir	tment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agent s	and title if	applicable. (NOTE:	Registere	d Ageni	t signature requir	red wh	en reinstatin	g)	_7_		DATE	- "	
12.	OFFICERS AND		-p-p	13				ADDIT	IONS/CH/	ANGES T	O OFFI	CERS AN	D DIRECT	
TITLE	PD		☐ DELETE	1.1 1	TLE			i.					Change	. Addition
NAME	HOWELL, MARTHA			1.21	IAME			. :		k.	P			ξ,
STREET ADDRESS	8264 SOUTH EAST 23RD DR			1.3 8	STREET	ADDRESS		4.4		•				•
	WEBSTER FL 33597			1,40	CITY-ST	r-ZIP			· .	<u> </u>		·	<u>. :</u>	
CITY-ST-ZIP TITLE	TD	-	☐ DELETE	2,11	TITLE	1				4.			☐ Change	☐ Addition
NAME	HOWELL, SR., HAROLD			2.21	AME							•		
	8230 S.E. 23RD DR.			2.3	STREET	ADDRESS						•		
STREET ADDRESS	WEBSTER FL 33597			2.4	CITY-S	IT-ZIP				: .			. <u> </u>	
CITY-ST-ZIP TITLE	VD		☐ DELETE	_	TITLE			;			•		☐ Change	☐ Addition
	HOWELL, JESSE S., JR.			3.2	NAME									
NAME				3.3	STREET	TADDRESS				1000		٠, .		
STREET ADDRESS				3,4.	CITY-S	ST-ZIP			·			· .	<u> </u>	
CITY ST-ZIP	WEBSTER FL 33597 DS		☐ DELETE	_	TITLE					-	,	4	Change	☐ Addition
NAME	MARTIN, BETTY JO			4.2	NAME					. :	,	21	er to the darker	1.41年第2位開報 - 1
17 Nove 40				4.3	STREE	TADORESS			3			1-15		
STREET ADDRESS	WEBSTER FL 33597			4.4	CITY-\$	T-ZIP					1	4.	<u> </u>	] \$15 <u>11000</u>
CITY-ST-ZIP	WEBSIEN FL 33331		☐ DELETE	_	TITLE	T		,					Change	e
NAME				5.2	NAME									
STREET ADDRESS				5.3	STREE	TADDRESS								, .
	[kg			5.4	CITY-S	ST-ZIP					· .	· , :		
CITY-ST-ZIP			☐ DELETE	6.1	TITLE	1				,,			. Chang	e
	<b>新沙里</b> (1977年)			6.2	NAME			•	•	•			•	
NAME				6.3	STREE	TADDRESS								
STREET ADDRESS	i .			6.4	CITY-S	ST-ZIP							<u> </u>	
CITY-ST-ZIP	certify that the information supplied with	h this fil	ling does not qualify fo	r the ex	cempt	tion stated in	n Se	ction 119	.07(3)(i), F	lorida St	atutes. I	further ce	rtify that th	e 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. 352-568-7326

Applied For

\$8.75 Additional

Fee Required

Not Applicable