

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 770544 (5)

1. Corporation Name

CHRIST CENTER FELLOWSHIP, INC.

95 MAY -1 PM 1:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2130 HIGHVIEW RD. 2130 HIGHVIEW RD.
BRANDON FL 33510-2000 BRANDON FL 33510-2000

3. Date Incorporated or Qualified 3a. Date of Last Report
10/03/1983 05/01/1994

4. FEI Number Applied For
59-2330632 Not Applicable

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

5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

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

JONES, TERRY H.
2310 HIGHVIEW ROAD
BRANDON FL 33511

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

TERRY H. JONES (Pastor)

(Name, Registered Agent, Address, and Title of Registered Agent) 2/1/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, TERRY H.
STREET ADDRESS	P. O. BOX J
CITY - ST - ZIP	VALRICO FL
TITLE	VPD
NAME	PALUMBO, JIM
STREET ADDRESS	1102 E. CHERRY STREET
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	SHIRLEY, BRAD
STREET ADDRESS	7308 PROVIDENCE RD.
CITY - ST - ZIP	RIVERVIEW FL
TITLE	T
NAME	HOENING, CHUCK
STREET ADDRESS	402 BAYFIELD DR.
CITY - ST - ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	Trustee
1.3 STREET ADDRESS	Howard Cuddy
1.4 CITY - ST - ZIP	215 W Grand Central Ave/Tampa Fla 33606 ☐ Change ☐ Addition
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	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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:

TERRY H. JONES (Pastor)

685-5888 2/1/95