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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTME

OF STATE

Sandra B More:am

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 770544

(5)

CHRIST CENTER FELLOWSHIP, INC.

Surfa, Apt. #, etc.						
BRANDON FL 33510-2003 2. Principal Place of Business 1 2a. Making Address 2 4. FET Names 2. Suite, Apt. 8, etc. 3. Suite, Apt. 8, etc. 3	Principal Place	of Business	Mailing Address			i Ar åråri Biåti Biåta Biåti ärbit atått toåt
2. Principal Place of Business 2m. Mailing Address 2m. Mailing				003		
Surfa, Apt. #, etc.					3. Date Incorporated or Qualified 10/03/1983	3a. Date of Last Report 05/01/1995
Suite, Apt. #, etc 27 Suite, Apt. #, etc 28 Suite, Apt. #, etc	2. Principal Pla	ce of Business	 		4. FEI Number 59-2330632	Applied For Not Applicable
City & State City & State City	Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Zpp	¬ ·		City & State	l		
Section Statutes		Country		Cuntry		
JONES, TERRY H. 2310 HIGHWEW ROAD BRANDON FL 33511 13	一 ,`	<u> </u>		30	Florida Statutes	Yes No
JONES, TERRY H. 2310 HIGHMEW ROAD BRANDON FL 33511 B2 Street Address (P.O. Box Number is Not Acceptable) B3 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 agent, and of decions. I hereby accept the appointment as registered agent, 1 and		9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	egistered Agent
2310 HIGHMEW ROAD BRANDON FL 33511 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 agent, 1 and 1				1 1		
BRANDON FL 33511 83	-	_		82 Street Ad	ddress (P.O. Box Number is Not Acceptable	ө)
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 or or registered agent, put-off), in the State of Tolyon. Such change was authorized by the doproporation's board of directors. Therefly accept the appointment as registered agent, 1 and terminar with, approcept the obligations of Section 617,0502, Frorida Statutes, 1 and springer of change of changing its registered agent. I and terminar with, approcept the obligations of Section 617,0502, Frorida Statutes, 1 and springer of directors. Therefly accept the appointment as registered agent. I and terminary with, approcept the obligations of Section 617,0502, Frorida Statutes, 1 and springer of change of changing its registered agent. I and springer of change of change agent. I and springer of change of change of change agent. I and springer of change of change agent. I and springer of change of change agent. I and springer of change a						
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or registered agent, autoth, in the State of Flockas. Such change was authorized by the grapher of the obligations of solved of brectors. Theretay accept the appointment as registered agent, and the problem of the problem of the obligations of Solven of 17,0503, Florida Statutes. 12	11 Purcuant t	o the provisions of Sections 617 0502	and 617.1508. Florida Statu	utes, the above-named con	poration submits this statement for the purp	and of phonoing its registered office.
SIGNATURE Signat	or register	ed agent, or both, in the State of Florida	ta. Such change was author	rized by the corporation's b	oard of directors. I hereby accept the appor	intment as registered agent. I am
DATE		n, and accept the obligation son section	n de		H	1,196
DELETE	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable			DATE
NAME	12.				ADDITIONS/CHANGES TO OFFI	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and loes 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 uncountries that I am an officer or director of the corporation or the pecifier or trustee empoweed 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.	certify that	It the information indicated on this ann	iual report or supplemental a oration or the receiver or trus	annual report s true and acc stee empoweed to execute		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

684-1497

CR2E037 (12/95)