FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

/5\

1. Corporatio	on Name	(3)			1				
CHRIST CENTER FELLOWSHIP, INC.									
								ALF BLAN BLAN T	<u> </u>
Principal Place of Business		Mailing Address					AN BAND BARDY		
BRANDON FL 33510-2003		2130 HIGHVIEW RD. BRANDON FL 33510-2003		3. Da	3. Date Incorporated or Qualified				
					4. Ff				pplied For
						59-2330632			lot Applicable
2. Principal Place of Business		2a. Mailing Address		6. C			\$8.75	Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						lequired	
22		27			lection Campaign Financing rust Fund Contribution		\$5.00 Added t		
City & State		City & State			this nonprofit corporation a ho				
Zip	Country	28			☐ Yes ☐ No				
24	Country	Z ip	¬ '			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre		1301			ame and Address of New Re			_1 NO
		<u> </u>	6	1 Name					
JONES, TERRY H.			8	2 Street	Address (P.O	ess (P.O. Box Number is Not Acceptable)			
2310 HIGHVIEW ROAD			8		-	:			
BKANU	ON FL 33511		Ľ	³L					
				4 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.05/	02 and 617.1508, Florida Statu	tes, the abo	ve-named	corporation s	ubmits this statement for the r	purpose of	f changing i	its registered
agent. I a	to the provisions of Sections 617.05(registered agent, or both, in the State am familiar with, and accept the oblig	∋ of Florida. Such change was jations of, Section 617.0503, F	autnorizea i Iorida Statut	by the corp es.	poration's boa	rd of directors. I hereby accep	pt the app	ointment as	registered
SIGNATURE									
12.	Signature, typed or printed name of registered agent and fitte if applicable OFFICERS AND DIRECTORS		TE: Registered Agent signature requirements 13.			nstating) DITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR	25 IN 12
TITLE	PD DELETE			1.1 TITLE			<u> </u>	Change	Addition
NAME	JONES, TERRY H.		1.2 NAM	1.2 NAME					
STREET ADDRESS	P. O. BOX J	VALDICO EL		1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	VALRICO FL VPD	☐ DELETE	1.4 CITY		 			Change	Addition
NAME	PALUMBO, JIM		2.1 TITLE 2.2 NAMI	I				Change	Addition
STREET ADDRESS	4400 E OLIEDOV OTDECT			2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL			-ST-ZIP					
TITLE	T	☐ DELETE		3.1 TITLE				Change	Addition
NAME	SHIRLEY, BRAD		3.2 NAMI	3.2 NAME					
STREET ADDRESS	7308 PROVIDENCE RD.			3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	RIVERVIEW FL	DELETE		3.4. CITY-ST-ZIP 4.1 TITLE				Change	☐ Addition
NAME	HOENING, CHUCK	D percie		4. 2 NAME				□ Clarite	L Addition
STREET ADDRESS	402 BAYFIELD DR.			4.3 STREET ADDRESS		tin ja	La Section	** *	
CITY-ST-ZIP	BRANDON FL		4.4 CITY	II					
TITLE		DELETE	5.1 TITLE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE				5.4 CITY-ST-ZIP 6.1 TITLE			\ 	Change	☐ Addition
NAME		- 5002.12	6.1 THE					☐ Gleiñe	L Accinica
STREET ADDRESS	I		1	ET ADDRESS					

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 an an attachment with an address.

SIGNATURE:

FILED

Feb 17 1998 8:00am

Secretary of State