

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28, 1999 8:00am
Secretary of State

0081545

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

01-28-1999 90034 037 *****61.25

DOCUMENT # F98000004385

1. Corporation Name
FAITH CHRISTIAN FELLOWSHIP CHURCH, INC.

Principal Place of Business P.O. BOX 318 WAUKEGAN IL 60079-0318	Mailing Address P.O. BOX 318 WAUKEGAN IL 60079-0318
---	---



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 08/03/1998	4. FEI Number 36-2916346 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--	---	---	--

9. Name and Address of Current Registered Agent

NORELUS, RINTONY
3577 NW 32ND COURT
LAUDERDALE LAKES FL 33309

10. Name and Address of New Registered Agent

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	PAINE, PETER F	
STREET ADDRESS	2406 PEARSALL PARKWAY	
CITY-ST-ZIP	WAUKEGAN IL 60085	
TITLE	WVC	<input type="checkbox"/> DELETE
NAME	THOMAS, EDWARD J JR	
STREET ADDRESS	3432 CHRISTOPHER COURT	
CITY-ST-ZIP	NORFOLK VA 23513	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TAYLOR, PATRICK A	
STREET ADDRESS	544 ARCHER AVENUE	
CITY-ST-ZIP	WAUKEGAN IL 60085	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUNEMULLER, JAY B	
STREET ADDRESS	814 BELVIDERE STREET	
CITY-ST-ZIP	WAUKEGAN IL 60085	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAND, RICHARD	
STREET ADDRESS	814 BELVIDERE STREET	
CITY-ST-ZIP	WAUKEGAN IL 60085-7033	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAHN, RICK J	
STREET ADDRESS	4412 DELTA AVENUE	
CITY-ST-ZIP	SAN DIEGO CA 92103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Patrick A. Taylor SIGNATURE REQUIRED DATE: 1-9-99 DAYTIME PHONE #: (847) 336-1815

CR2E037 (1/198)