

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90086 015 ****70.00

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1. Entity Name
FELLOWSHIP OF CHRISTIAN MAGICIANS, INC.



Principal Place of Business
**96356 CHESTER RD.
YULEE, FL 32097-3510**

Mailing Address
**P.O. BOX 2042
YULEE, FL 32041-2042**

40053462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-1052561

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANSON, ROBERT G
96356 CHESTER RD.
YULEE, FL 32097-3510**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert G. Branson

ROBERT G. BRANSON

14 APR 2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JARVIS, EDWARD
STREET ADDRESS 1118 STILLMEADOW LANE
CITY-ST-ZIP MENASHA, WI 54952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME BLACKSMITH, DENNIS
STREET ADDRESS 834 RIVER RD.
CITY-ST-ZIP HILLSBOROUGH, NJ 08844

TITLE ☒ Change ☐ Addition
NAME Del Wilson
STREET ADDRESS PO Box 472282
CITY-ST-ZIP Tulsa OK 74147

TITLE S ☐ Delete
NAME MEIR, LEHREN
STREET ADDRESS 5345 N WOODLAND AVE
CITY-ST-ZIP KANSAS CITY, MO 64118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BRANSON, WILLIAM D JR.
STREET ADDRESS 2640 E MIDLAND RD.
CITY-ST-ZIP INDIANAPOLIS, IN 46227

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William D. Branson, Jr.

William D. Branson, Jr.

Apr 17 2006

(317) 788-4619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #