2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003956

1. Entity Name

FELLOWSHIP OF CHRISTIAN MAGICIANS, INC.



Principal Place of Business

Mailing Address

96356 CHESTER RD. YULEE, FL 32097-3510 P.O. BOX 2042 YULEE, FL 32041-2042 FILED Apr 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-1052561 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

04-23-2007

Daytime Phone #

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.	Signature, typed or printed name of registered agent and title	H applicable. (NDTE: Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD JARVIS, EDWARD 1118 STILLMEADOW LANE MENASHA, WI 54952				U00000735762
TRILE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, DEL PO BOX 472282 TULSA, OK 74147				05/10/07-80046-018 70.00
NAME STREET ADDRESS CITY-ST-ZIP	S MEIR, LEHREN 5345 N WOODLAND AVE KANSAS CITY, MO 64118		DO		NOT WRITE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRANSON, WILLIAM D JR. 2640 E MIDLAND RD. INDIANAPOLIS, IN 46227	:	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 cath; 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					