

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003956

FILED
Jan 11, 2009
Secretary of State

Entity Name: FELLOWSHIP OF CHRISTIAN MAGICIANS, INC.

Current Principal Place of Business:

96356 CHESTER RD.
YULEE, FL 320973510

New Principal Place of Business:

10271 REGENT CIRCLE
NAPLES, FL 34109

Current Mailing Address:

P.O. BOX 2042
YULEE, FL 320412042

New Mailing Address:

10271 REGENT CIRCLE
NAPLES, FL 34109

FEI Number: 65-1052561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRANSON, ROBERT G
96356 CHESTER RD.
YULEE, FL 320973510 US

Name and Address of New Registered Agent:

GREVENSTUK, GLORIAJEAN
10271 REGENT CIRCLE
NAPLES, FL 34109 US

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.

SIGNATURE: GLORIAJEAN GREVENSTUK

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JARVIS, EDWARD
Address: 1118 STILLMEADOW LANE
City-St-Zip: MENASHA, WI 54952

Title: VPD () Delete
Name: WILSON, DEL
Address: PO BOX 472282
City-St-Zip: TULSA, OK 74147

Title: S () Delete
Name: MEIR, LEHREN
Address: 5345 N WOODLAND AVE
City-St-Zip: KANSAS CITY, MO 64118

Title: TD () Delete
Name: BRANSON, WILLIAM D JR.
Address: 2640 E MIDLAND RD.
City-St-Zip: INDIANAPOLIS, IN 46227

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, DEL
Address: P O BOX 472282
City-St-Zip: TULSA, OK 741472282 US

Title: VPD (X) Change () Addition
Name: VARRO, STEVE
Address: P O BOX 915
City-St-Zip: HERMITAGE, TN 370761100 US

Title: S (X) Change () Addition
Name: AUSTIN, JIM
Address: 435 OAK ST
City-St-Zip: DES PLAINES, IL 60016 US

Title: TD (X) Change () Addition
Name: CAMP, LEN
Address: 701 W LOS LAGOS VISTA AVE
City-St-Zip: MESA, AZ 85210 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEL WILSON

PD

01/11/2009

Electronic Signature of Signing Officer or Director

Date