FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01966 (3)

1. Corporation Name
FELLOWSHIP BAPTIST CHURCH OF SUMMERFIELD, INC.

Principal Place of Business	Mailing Address
6165 S.E. 140TH ST. SUMMERFIELD FL 34491 US	P.O. BOX 138 SUMMERFIELD FL 34492 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1984
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2364328 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

XWHITEACRE, EARLX
X16035 SE HWY 301X
XSUMMERFIELD FL 34491X

10. Name and Address of New Registered Agent

81 Name: Rev Frank B. Johnson Sr.
82 Street Address (P.O. Box Number is Not Acceptable): 414 Bemen Dr.
83: Lady Lake,
84 City: FL 85 Zip Code: 32159

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rev Frank B. Johnson Sr. February 6, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition P
NAME	WHITEACRE, EARL X	12 NAME	Rev Frank B. Johnson Sr.
STREET ADDRESS	6165 SE 140TH STREET X	13 STREET ADDRESS	414 Bemen Dr. ,Lady Lake F132159
CITY-ST-ZIP	SUMMERFIELD FL X	14 CITY-ST-ZIP	
TITLE	P T	21 TITLE	☐ Change ☐ Addition
NAME	TEDESCO, EARL	22 NAME	
STREET ADDRESS	16035 S.E. HWY 301	23 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	24 CITY-ST-ZIP	
TITLE	SD X	31 TITLE	☒ Change ☐ Addition T D
NAME	PARRISH, MICHAEL	32 NAME	James Meeks
STREET ADDRESS	15700 SE 150TH PL RD X	33 STREET ADDRESS	P.O. Box 432 N/A 6536 S.E. 145th St
CITY-ST-ZIP	WEIRSDALE FL X	34 CITY-ST-ZIP	Summerfield, Fl. 34491
TITLE	S	41 TITLE	☒ Change ☐ Addition T S
NAME	GOWEN, BILL X	42 NAME	MaryEllen Johnson
STREET ADDRESS	3020 SE 139TH ST X	43 STREET ADDRESS	414 Bemen Dr. LadyLake, Fl. 32159
CITY-ST-ZIP	SUMMERFIELD FL X	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rev Frank B. Johnson Sr. February 6, 1995 904-750-4318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0086047