1-26-95 B-512 XC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:43

DOCUMENT # N03128 (8)

1. Corporation Name
CHRISTIAN FELLOWSHIP CHURCH INC.

Principal Place of Business	Mailing Address
386 A. HWY P.O. BOX 13635 MEXICO BEACH FL 32410	386 A. HWY P.O. BOX 13635 MEXICO BEACH FL 32410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1984
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2907227 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 500 N 15 St	26
22 Suite, Apt. #, etc. Mexico Beach, Fl.	27 Suite, Apt. #, etc.
23 City & State P.O Box 1365	28 City & State
24 Zip 32410 / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FIELD, EDGAR MRS
200 TENN DR, MEXICO BEACH
RT #3 BOX 147A
PORT ST.JOE FL 32456

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GIBBS, PRESTON	1.2 NAME	
STREET ADDRESS	520 RD 12	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GIBSON, GUY	2.2 NAME	
STREET ADDRESS	PATRICK HARDY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVERSTREET FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, H.M.	3.2 NAME	
STREET ADDRESS	GEORGIA & PINEDA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST.JOE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, TOM	4.2 NAME	
STREET ADDRESS	GEORGIA & BALBOA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST.JOE BEACH. FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	FIELD, EDGAR MRS.	5.2 NAME	
STREET ADDRESS	RT 3, BOX 147A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST.JOE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Guy Gibson Director — 1/23/95 — 904-647-5122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020236