

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N03128

(8)

1. Corporation Name

CHRISTIAN FELLOWSHIP CHURCH INC.



Principal Place of Business

Mailing Address

500 N. 15 ST.
P.O. BOX 1365
MEXICO BEACH FL 32410
US

386 A. HWY
P.O. BOX 13635
MEXICO BEACH FL 32410

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/16/1984

3a. Date of Last Report

01/26/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature of the individual who is the registered agent and the individual who is the

registered agent's signature required when registering.

Date

12. OFFICERS AND DIRECTORS

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME GIBBS, PRESTON
STREET ADDRESS 520 RD 12
CITY-ST-ZIP WEWAHITCHKA FL

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME GIBSON, GUY
STREET ADDRESS PATRICK HARDY RD.
CITY-ST-ZIP OVERSTREET FL

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME MILLER, H.M.
STREET ADDRESS GEORGIA & PINEDA ST.
CITY-ST-ZIP ST. JOE BEACH FL

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME PARKER, TOM
STREET ADDRESS GEORGIA & BALBOA ST.
CITY-ST-ZIP ST. JOE BEACH FL

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME FIELD, EDGAR MRS.
STREET ADDRESS RT 3, BOX 147A
CITY-ST-ZIP PORT ST. JOE FL

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS

62 NAME
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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96

(904) 647-5122

CR2E037 (12/95)