


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
600 N. 15 STREET P.O. BOX 1365 MEXICO BEACH FL 32410 US	P.O. BOX 13635 P.O. BOX 13635 MEXICO BEACH FL 32410 US

3. Date Incorporated or Qualified	05/16/1984
4. FEI Number	59-2907227
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 500 N 15 St. Suite, Apt. #, etc.	26 P.O. Box 13635 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Mexico Beach Fl. Zip 32410 Country Bay	28 Mexico Beach Fl. Zip 32410 Country Bay

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
GIBBS, NORA RT. 2, BOX 97A 614 KEMP RD. WEWAHITCHKA FL 32465	

10. Name and Address of New Registered Agent	
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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Nora Gibbs Nora Gibbs 1-11-98
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	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, PRESTON	1.2 NAME	
STREET ADDRESS	614 KEMP RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESPRESS, JAMES	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 413, 384 RAVEN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, TOM	4.2 NAME	
STREET ADDRESS	341 BALBOA	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. JOE BEACH. FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, NORA MRS.	5.2 NAME	
STREET ADDRESS	614 KEMP RD.	5.3 STREET ADDRESS	614 Kemp Rd.
CITY-ST-ZIP	WEWAHITCHKA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Nora Gibbs Nora Gibbs 1-11-98 850-639
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/97)