


FILE NOW: FILING FEE IS \$61.25

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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04442** (2)

1. Corporation Name

**CHRISTIAN FELLOWSHIP CHURCH OF GREEN COVE SPRING
S, INC.**

Principal Place of Business

Mailing Address

% SALAZAR, PAUL C.
500 SOUTH HIGHLAND AVENUE
GREEN COVE SPRINGS FL 32043-5150
US

% SALAZAR, PAUL C.
506 S HIGHLAND AVE
GREEN COVE SPRINGS FL 32043-8150
US

3. Date Incorporated or Qualified

07/31/1984

4. FEI Number

59-2454843

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALAZAR, PAUL C.
5756 KNOLLWOOD RD.
GREEN COVE SPRINGS FL 32043

*CURRENT
ADDRESS*

81 Name

SALAZAR, PAUL C.

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

552-1 WARNER ROAD

83

84

City **GREEN COVE SPRINGS**

FL

85

Zip Code **32043**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SALAZAR, PAUL C.
STREET ADDRESS	5756 KNOLLWOOD RD.
CITY-ST-ZIP	GREEN COVE SPRGS FL
TITLE	VD
NAME	HUNTER, LYDIA O
STREET ADDRESS	506 S HIGHLAND AVE
CITY-ST-ZIP	GREEN COVE SPRGS FL
TITLE	STD
NAME	SALAZAR, BOBBIE C.
STREET ADDRESS	5756 KNOLLWOOD RD.
CITY-ST-ZIP	GREEN COVE SPRGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Paul C. Salazar* **PAUL C. SALAZAR** 4/15/98 (904) 284-5936

CF2E037 (10/97)