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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04442

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 852-1 WARNER RD
Suite, Apt. #, etc.

27 City & State

28 GREEN COVE SPRGS, FL
Zip Country

29 32043

30 USA

3. Date Incorporated or Qualified

07/31/1984

4. FEI Number

59-2454843

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

9. Name and Address of Current Registered Agent

SALAZAR, PAUL C.
852-1 WARNER ROAD
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name SALAZAR PAUL C.
82 Street Address (P.O. Box Number is Not Acceptable)
852-1 WARNER ROAD
83 GREEN COVE SPRINGS
84 City 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

OFFICERS AND DIRECTORS

12. TITLE PD ☐ DELETE

NAME SALAZAR, PAUL C.
STREET ADDRESS 5756 KNOLLWOOD RD.
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE VD ☐ DELETE

NAME HUNTER, LYDIA O
STREET ADDRESS 506S HIGHLAND AVE
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE STD ☐ DELETE

NAME SALAZAR, BOBBIE C.
STREET ADDRESS 5756 KNOLLWOOD RD.
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 852-1 WARNER ROAD

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 852-1 WARNER ROAD

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ 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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED C. SALAZAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-99 904 284-5936

CR2E037 (11/98)