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 FEB 27 PM 3:20

DOCUMENT # N04452 (1)

1. Corporation Name
THE SOUTHEAST COAST REGION OF THE FELLOWSHIP OF BIBLE CHURCHES INC.

Principal Place of Business	Mailing Address
1400 CR 17-A. NORTH AVON PARK FL 33825 US	1400 CR 17-A. NORTH AVON PARK FL 33825 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 35-1144892 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

MILLER, BRIAN
1400 CR 17A NORTH, LOT 78
AVON PARK FL 33825

10. Name and Address of New Registered Agent

81 Name: THOMAS SCHANKWEILER
82 Street Address (P.O. Box Number is Not Acceptable): 1400 CR. 17A NORTH Lot 80
83
84 City: AVON PARK FL 85 Zip Code: 33825

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: [signature] THOMAS SCHANKWEILER DIRECTOR 2-10-95
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	D	11 TITLE		☐ Change ☐ Addition
NAME	SCHANKWEILER, THOMAS	12 NAME		
STREET ADDRESS	1400 CR 17A NORTH LOT 80	13 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	STD	☒ Change ☐ Addition
NAME	MILLER, BRIAN	22 NAME	UPTON, MARY R.	
STREET ADDRESS	1400 CR 17-A, NORTH LOT 78	23 STREET ADDRESS	1400 CR 17A NORTH LOT 61	
CITY-ST-ZIP	AVON PARK FL	24 CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	HANN, AMOS E	32 NAME		
STREET ADDRESS	1100 LANGLEY COURT	33 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA SC	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	STOVER, HAROLD	42 NAME		
STREET ADDRESS	RT 2, BOX 151-A	43 STREET ADDRESS		
CITY-ST-ZIP	BLYTHEWOOD SC	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		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)(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: [signature] THOMAS SCHANKWEILER 2-10-95 813-453-6012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000787