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Feb 13 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 # **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**

3. Date Incorporated or Qualified

07/31/1984

4. FEI Number

35-1144892

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**SCHANKWEILER, THOMAS
1400 CR 17A NORTH LOT 80
AVON PARK FL 33825**

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

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** ☐ DELETE

NAME **SCHANKWEILER, THOMAS**
STREET ADDRESS **1400 CR 17A NORTH LOT 80**
CITY - ST - ZIP **AVON PARK FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **LIPTON, MARY R**
STREET ADDRESS **1400 CR 17A NORTH LOT 81**
CITY - ST - ZIP **AVON PARK FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **HANN, AMOS E**
STREET ADDRESS **1100 LANGLEY COURT**
CITY - ST - ZIP **COLUMBIA SC**

3.1 TITLE ☐ Change ☐ Addition

TITLE **PD** ☐ DELETE

NAME **STOVER, HAROLD**
STREET ADDRESS **RT 2, BOX 151-A**
CITY - ST - ZIP **BLYTHEWOOD SC**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 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 AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Mary R. Upton

February 3, 1998

CR2E037 (10/97)