

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 17 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17769 (3)**  
1. Corporation Name  
**COMMUNITY FELLOWSHIP, INC.**



Principal Place of Business <b>525 AVE B. NW P.O. BOX 7785 WINTER HAVEN FL 33881 US</b>	Mailing Address <b>P. O. BOX 7785 P.O. BOX 7785 WINTER HAVEN FL 33883-7785 US</b>
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3. Date Incorporated or Qualified <b>11/14/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2733808</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RANDY CONRAD  
555 AVE L. NW  
WINTER HAVEN FL 33881**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>BOARD, ROBERT</b>	
STREET ADDRESS	<b>2606 CREST DRIVE</b>	
CITY - ST - ZIP	<b>HAINES CITY FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>CONRAD, RANDY</b>	
STREET ADDRESS	<b>1311 MEADOW CIRCLE. N.E.</b>	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/>
NAME	<b>SMITH, HERMAN, G</b>	
STREET ADDRESS	<b>44 LAKE HOWARD DR SW</b>	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/>
NAME	<b>HAMILTON, PHILIP</b>	
STREET ADDRESS	<b>1025 S. LK. MARIAM DRIVE</b>	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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: *Randy Conrad* **Randy Conrad**  
(941) 293-4249  
(941) 294-2809

CP2E037 (9/96)