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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N23918

(8)

FELLOWSHIP COUNSELING MINISTRY, INC.

| Principal Place | e of Business | Mailing Address | | | | | I IOR GIUH GIU | AR WARM WINDL | 54011 0 1011 1001 |
|---|---|---|---|----------------------|--|--|----------------------------|---------------------------------------|----------------------------|
| C/O DR. AUNG DIN 4301 SE 13TH PLACE CAPE CORAL FL 33904 | | %H. GREG LEE 2014 4TH ST. SARASOTA FL 34237-43 | | | | · • · · · · · · · · · · · · · · · · · · | | | |
| US | | | | | | 3. Date Incorporated or Qualified 12/16/1987 | 3a. Dat | 03/17/18 | 96°t |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For | | | ., |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | | \$8.75 Fee Re | |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added | |
| Zip 24 | Country 25 | Zip 29 | Cou | ntry | ······································ | This corporation has liability for Florida Statutes | | | |
| | 9. Name and Address of Curren | | 1301 | | | 10. Name and Address of New Re | | | |
| | | | | 81 | Name | | | | |
| LEE, H. | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptal | ole) | | |
| 2014 47 SARAS(| in 51. Ota FL 34237 | | | | | | , | | |
| | | | | 84 | City | 1.4 | FL | 85 Zip (| Code |
| office or ri agent. I ai | to the provisions of Sections 617.0502 egistered agent, or both, in the State m familiar with, and accept the obligation. | 2 and 617.1508, Florida Stat. of Florida. Such change was tions of, Section 617.0503, F | utes, the at authorized lorida Stat | oove d by utes | -named corp the corporal | poration submits this statement for the patients board of directors. I hereby acce | ourpose of our the appoint | changing it intment as | s registered registered |
| SIGNATURE _ | Signature typed or printed name of registered ager | and title if applicable (NO | TE: Registered | Ager | nt signature requi | red when reinsfating) | DATE | · · · · · · · · · · · · · · · · · · · | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | CERS AND | DIRECTOR | IS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 Ti | TLE | | | | Change | Addition |
| NAME | DIN, A | | 1.2 NA | ME | | | | | |
| STREE1 ADDRESS | 4301 SE 13TH PLACE | | 1.3 STREET AL | | ADDRESS | | | | |
| CITY - ST - ZIP | | | 1.4 CI | 1.4 CITY+ST-ZIP | | 1 | | | |
| TITLE | VD | · - | | 2.1 TITLE | | | | Change | ☐ Addition |
| NAME | - · · · · · · · · · · · · · · · · · · · | | 2.2 NA | 2.2 NAME | | | | | |
| STREE1 ADDRESS | 4301 SE 13TH PLACE | | 2.3 ST | REET / | ADORESS | | | | |
| CITY-ST-ZIP | CAPE CORAL FL | | 2.4 C | ITY-S | T-ZIP | | | | |
| TITLE | SO. | ☐ DELETE | 3.1 TJ | TLE. | | | l | Change | Addition |
| NAME | NAW, ELLA | | 3.2 NA | ME | | | | | |
| STREE1 ADDRESS | 4301 SE 13TH PLACE | | 3.3 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | CAPE CORAL FL | | 3.4. C | | T-ZIP | | | | |
| TITLE | TD | ☐ DELETE | 4.1 (1) | | | | ı | Change | ☐ Addition |
| NAME | HTIN, NGWE | | 4.2 N | | : | | | | |
| STREET ADDRESS | 4301 SE 13TH PLACE | | 4.3 ST | REET A | ADDRESS | | | | |
| CITY - ST - ZIP | CAPE CORAL FL | Deter | 4.4 CI | | - ZIP | | | 1 | 177 4 4 100 |
| TITLE | | ☐ DELETE | 5.1 Tr | | | | ı | Change | ☐ Addition |
| NAME AXOREL LODDESOS | | | 5.2 N/ | | | | | | |
| STREE1 ADDRESS | | | | | ADDRESS | • | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CI | | - ZIP | · · · · · · · · · · · · · · · · · · · | | J 01 | A parets : |
| TIFLE | | ₩ Dereit | 6.1 TI | | | | ı | Change | Addition |
| NAME STORES ADDRESS | | | 6.2 N/ | | | | | | |
| STREET ADDRESS | | | 6.3 ST | KEET / | ADDRESS | | | | |

SIGNATURE:

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 thue 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. 16(4. January, 199

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Jan 27 1997 8:00am

Secretary of State