FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N23918

(8)

FELLOWSHIP COUNSELING MINISTRY, INC.

FILED					
Jul 16	1998	8:00am			
Secre	etary (of State			

Principal Place of Business Mailing Address) 30011101 010 \$1000 11110 \$0101 \$1004 1011 3 1011	BARIN EIBAN BABAN BABAN BARAN 1881			
C/O DR. AUNG DIN %H. GREG LEE		%H. GREG LEE		3. Date Incorporated or Qualified		
4301 SE 13TH		2014 4TH ST.		12/16/1987		
CAPE CORAL I	FL 33904	SARASOTA FL 34237		4. FEI Number	Applied For	
**				65-0102250	Not Applicable	
· ·	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional	
21		26		5. Certificate of Status Desired	Fee Required	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22 City & Stat	<u> </u>	City & State		Trust Fund Contribution	Added to Fees	
23	•	28		7. Is this nonprofit corporation a homeown	ners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the c		
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre			10. Name and Address of New Registere	d Agent	
	13.6	11 14	81 Name	Kindly send documents	l 8	
LEE, H. GREG Kindlusend dived to: - BES			82 Street Add			
2014.47				4301 SE 13th Pl.		
SARASC	17A FL 342 4301 SE	: 13th Pl. oral, FL 33904-5347	83	Cape Coral, FL 33904-5347	•	
ساندة	re gree has moved -		84 City		. 185 Zip Code	
44 0				F	 .	
i office or r	egistered agent or both in the Stat	a of Florida. Such change was au	uthorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ag	of changing its registered poointment as registered	
agent. I a	m familiar with, and accept the oblig	~ A	rida Statutes.	2 4	(44)	
SIGNATURE	Signature, typed or printed again of registered ag	gent and title if applicable (NOTE:	: Registered Agent signature requ	37217	798.	
12.	·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	DIN, A		1.2 NAME			
STREET ADDRESS	4301 SE 13TH PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY - \$T - ZIP			
TITLE	V O	☐ DELETE	2.1 TITLE		Change Addition	
NAME	DIN, MARGARET AUNG		2.2 NAME .			
STREET ADDRESS	4301 SE 13TH PLACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	GAPE CORAL FL	C OFFICE	2.4 CITY-ST-ZIP		The There	
TITLE	, ş d Naw, ella	☐ DELETE	3.1 TITLE		Change Addition	
NAME STREET ADORESS	4301 SE 13TH PLACE		3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		3.4. CITY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE		Change Addition	
NAME	HTIN, NGWE	_	4. 2 NAME			
STREET ADDRESS	4301 SE 13TH PLACE		4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	[7] second	5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	ertify that the information supplied v	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i). Florida Statutes further	certify that the information	
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 eath; 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.						