

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 8:56

DOCUMENT # N28107 (3)

1. Corporation Name

FAITH FELLOWSHIP, INC. OF CLARKSVILLE

Principal Place of Business

Mailing Address

SMITH TOWER RD CORNER OF HWY 73 SO
RT. 1
CLARKSVILLE FL 32430
US

ROUTE 1 BOX 348
C/O V MCCLELLAN SECRETARY
CLARKSVILLE FL 32430
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1988

3a. Date of Last Report

01/21/1994

4. FEI Number

59-2885033

Applied For

Not Applicable

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

☒

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

MCCLELLAN, V.M.
218 W RIVER RD.
WEWAHITCHKA FL 32465

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 the 5 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STRICKLAND, RONALD L.
STREET ADDRESS MCLELLAN FARM RD HW 73S
CITY- ST- ZIP CLARKSVILLE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE DS
NAME MCCLELLAN, VIRGINIA
STREET ADDRESS RT. 1, BOX 348
CITY- ST- ZIP CLARKSVILLE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME NIXON, HARVEY D.
STREET ADDRESS 1533 GAINER AVE.
CITY- ST- ZIP PANAMA CITY FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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: *Virginia McClellan* Virginia McClellan

6-12-95

204-674-8250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number