

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N39094 (0)

1. Corporation Name

WHOLE LOAF CHRISTIAN CENTER, INC.



Principal Place of Business

Mailing Address

2609 N CLEARLAKE RD
COCOA FL 32922

2609 N CLEARLAKE RD
COCOA FL 32922

3. Date Incorporated or Qualified
07/12/1990

3a. Date of Last Report
05/01/1995

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

4. FEI Number
59-3193679

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FADELY, ANTHONY B
2609 N CLEARLAKE RD
COCOA FL 32922

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

TITLE PD
NAME FADELY, ANTHONY B.
STREET ADDRESS 809 N. INDIAN RIVER DR.
CITY - ST - ZIP COCOA FL

☐ DELETE

TITLE VD
NAME ROGERS, OTTIS
STREET ADDRESS 1123 EL DORADO DR
CITY - ST - ZIP ROCKLEDGE FL 32955

☐ DELETE

TITLE SD
NAME SCHOENMANN, DONALD
STREET ADDRESS 1208 WESTVIEW DR
CITY - ST - ZIP COCOA FL 32922

☐ DELETE

TITLE TD
NAME BROWN, DAVID
STREET ADDRESS 3525 ROUNDTREE DR
CITY - ST - ZIP COCOA FL 32922

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME SCHOENMANN, DONALD
3.3 STREET ADDRESS 1208 WESTVIEW DR.
3.4 CITY - ST - ZIP COCOA, FL 32922

☐ Change ☒ Addition

4.1 TITLE TD
4.2 NAME JEFFRIES, MERTILE
4.3 STREET ADDRESS 2521 HATHAWAY DR.
4.4 CITY - ST - ZIP COCOA, FL 32926

☐ Change ☒ Addition

5.1 TITLE SD
5.2 NAME PATTISON, BLANCA
5.3 STREET ADDRESS 3900 SILK OAK PL
5.4 CITY - ST - ZIP COCOA, FL 32926

☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME STEWART ROSE, STEWART
6.3 STREET ADDRESS 3901 LOBLALLY PL
6.4 CITY - ST - ZIP COCOA, FL 32926

☐ 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 119.07(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:

Anthony B. Fadel (ANTHONY B. FADELY, PRES) 8/2/96 407-63-1397
Date Daytime Phone #

0004960

CR2E037 (3/96)