

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N39506 (3)

1. Corporation Name

HOBE SOUND CHRISTIAN FELLOWSHIP, INC.

FILED
Feb 10 1997 8:00am
Secretary of State



Principal Place of Business 19171 BARUS ST 8941 SE BRIDGE RD JUPITER FL 33469 US		Mailing Address C/O JANICE WHITACRE P O BOX 3102 TEQUESTA FL 33469-0102 US		3. Date Incorporated or Qualified 08/09/1990		3a. Date of Last Report 04/05/1996	
2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 3194		4. FEI Number 65-0164301		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State 23		City & State 28 Tequesta, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 24		Country 25		Zip 29 33469		Country 30 USA	
9. Name and Address of Current Registered Agent RALPH, MARK E. 19171 BARUS ST JUPITER FL 33458				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City Tequesta FL 85 Zip Code 33469			
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							
TITLE	C <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RALPH, MARK E.			1.2 NAME			
STREET ADDRESS	19171 BARUS ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			1.4 CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WHITACRE, JANICE			2.2 NAME			
STREET ADDRESS	5540 PENNOCK PT RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WHITACRE, DON			3.2 NAME			
STREET ADDRESS	5540 PENNOCK POINT RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			3.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GRUBER, GEORGE			4.2 NAME			
STREET ADDRESS	7881 SE SUGAR SANDS CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL			4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Janice Whitacre <i>Janice Whitacre</i>				2/3/97 (561) 746-0899			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone # 0044232			

CR2E037 (9/96)