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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39506** (3)

1. Corporation Name

**HOBE SOUND CHRISTIAN FELLOWSHIP, INC.**

Principal Place of Business

Mailing Address

**19171 BARUS ST  
8941 SE BRIDGE RD  
JUPITER FL 33469  
US**

**P.O. BOX 3184  
P O BOX 3102  
TEQUESTA FL 33469  
US**

3. Date Incorporated or Qualified

**08/09/1990**

4. FEI Number

**65-0164301**

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RALPH, MARK E.  
19171 BARUS ST  
TEQUESTA FL 33469**

**81** Name

**Don Both**

**82** Street Address (P.O. Box Number is Not Acceptable)

**19171 Barus St.**

**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

**Don Both**

**Don Both**

**2/9/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☒ DELETE  
NAME **RALPH, MARK E.**  
STREET ADDRESS **19171 BARUS ST**  
CITY-ST-ZIP **JUPITER FL**

TITLE **T** ☐ DELETE  
NAME **WHITACRE, JANICE**  
STREET ADDRESS **5540 PENNOCK PT RD**  
CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ DELETE  
NAME **WHITACRE, DON**  
STREET ADDRESS **5540 PENNOCK POINT RD**  
CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ DELETE  
NAME **GRUBER, GEORGE**  
STREET ADDRESS **7881 SE SUGAR SANDS CIRCLE**  
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**C** ☒ Change ☐ Addition  
**Don Both**  
**19171 Barus St.**  
**Tequesta, FL 33469**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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** **Janice Whitacre** **2/9/98** **(561) 746-0899**

CR2E037 (10/97)