

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90141 049 ****61.25

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DOCUMENT # N39506

1. Corporation Name

HOBE SOUND CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

19171 BARUS ST
8941 SE BRIDGE RD
JUPITER FL 33469
US

Mailing Address

P.O. BOX 3194
P O BOX 3102
TEQUESTA FL 33469
US



2. Principal Place of Business

21 8980 SE Olympus

2a. Mailing Address

26 Suite, Apt. #, etc.
27 delete P.O. Box 3102

3. Date Incorporated or Qualified

08/09/1990

22 Suite, Apt. #, etc.

23 City & State

HOBE Sound, FL

28 City & State

24 Zip Country

33455 Martin

29 Zip Country

30

4. FEI Number

65-0164301

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

9. Name and Address of Current Registered Agent

BOTH, DON
19171 BARUS ST
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

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 Donald M. Both

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/99

12. OFFICERS AND DIRECTORS

TITLE C
NAME BOTH, DON
STREET ADDRESS 19171 BARUS ST
CITY-ST-ZIP TEQUESTA FL 33469

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99 (561) 748-9496

CR2E037 (11/98)