FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N42909** **(4)**

1. Corporation Name

FAITH COMMUNITY FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
FAITH COMMUNITY FELLOWSHIP 3264 TOWNSEND BLVD JACKSONVILLE FL 32277-2751 US	FAITH COMMUNITY FELLOWSHIP 3264 TOWNSEND BLVD JACKSONVILLE FL 32277-2751 US

3. Date Incorporated or Qualified: **04/09/1991**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **59-3054501** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BERGMAN, ARNOLD
2695 UNIVERSITY BLVD #B116
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: MAYME POTTER
82 Street Address (P.O. Box Number is Not Acceptable): 6519-Swallow Cove Rd.
83
84 City: Jacksonville FL 85 Zip Code: 32211

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: Mayme L Potter - Church Sec'
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	RA	☒ DELETE	1.1 TITLE	PRCHURCH SEC'	☐ Change ☒ Addition
NAME	BERGMAN, ARNOLD		1.2 NAME	MAYME L. POTTER	
STREET ADDRESS	2695 UNIVERSITY BLVD. B-116		1.3 STREET ADDRESS	6519-Swallow Cove Rd.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	☐ DELETE	2.1 TITLE	D ART LUDKE	☐ Change ☒ Addition
NAME	BLACK, WENDELL		2.2 NAME		
STREET ADDRESS	1591 GATELY RD.		2.3 STREET ADDRESS	1709-Indian Springs	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Fl. 32246	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	COX, GLEN D.		3.2 NAME	Bob Scarborough	
STREET ADDRESS	3214 FIESTA LANE		3.3 STREET ADDRESS	9856 Bess Road.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, Fl. 32211	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, LAWRENCE		4.2 NAME		
STREET ADDRESS	2628 WOOLERJOUR		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COX, GLEN D		5.2 NAME		
STREET ADDRESS	3214 FIESTA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	RA	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BECK, JOHNNY		6.2 NAME		
STREET ADDRESS	6703 LOTUS ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Mayme Potter MAYME POTTER. 4/1/96 745-4613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #