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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90112 005 ****61.25
05-17-1999 90032 039 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N42909

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/09/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3054501 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POTTER, MAYME 6519-SAWALLOW COVE RD JACKSONVILLE FL 32211	81 Name: Harold W. Stanfill 82 Street Address (P.O. Box Number is Not Acceptable): 3264 Townsend Boulevard 83 84 City: Jacksonville **FL** 85 Zip Code: 32277

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] 4/26/99
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	S	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	POTTER, MAYME L		1.2 NAME	Percy L. Crook	
STREET ADDRESS	6519 SWALLOW COVE RD		1.3 STREET ADDRESS	10961 Challeux Drive South	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	D	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	BLACK, WENDELL		2.2 NAME	Thomas Williams	
STREET ADDRESS	1591 GATELY RD.		2.3 STREET ADDRESS	7040 Mayapple Road	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32211	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COX, GLEN D.		3.2 NAME		
STREET ADDRESS	3214 FIESTA LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	LUDKE, ART		4.2 NAME	Harriette Parker	
STREET ADDRESS	1709 INDIAN SPRINGS		4.3 STREET ADDRESS	10869 Hawaii Drive South	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCARBOROUGH, BOB		5.2 NAME		
STREET ADDRESS	3856 BESS ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED** [signature] Percy L. Crook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #