

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 26 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N43071** (2)

1. Corporation Name

CHRISTIAN FELLOWSHIP AT DEL TURA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~788 VIA DEL SOL~~
NO FT MYERS FL 33903-1528
US

738 VIA DEL SOL
NO FT MYERS FL 33903-1528
US

3. Date Incorporated or Qualified **04/18/1991** 3a. Date of Last Report **02/07/1994**

4. FBI Number **65-0277499** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **553 Catalina Dr**

26 **553 Catalina Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **N. FT MYERS FL**

28 **N. FT MYERS**

24 Zip

25 Country

29 Zip

30 Country

33903

USA

R

33903

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALLOWELL, NORMAN R
738 VIA DEL SOL
NO FT MYERS FL 33903**

81 Name **Joseph Heidecker**
82 Street Address (P.O. Box Number is Not Acceptable) **553 Catalina Dr**
83 **N. FT MYERS FL 33903**
84 City **FL** 85 Zip Code **33903**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **VPD**
NAME **KLIE, WILLIAM J**
STREET ADDRESS **804 VIA DEL SOL**
CITY - ST - ZIP **N FORT MYERS FL**

TITLE **D**
NAME **ANDERSON, LAWRENCE**
STREET ADDRESS **18558 AVENIDA ESCORIAL**
CITY - ST - ZIP **N FT MYERS FL**

TITLE **PD**
NAME **HEIDECCKER, JOSEPH**
STREET ADDRESS **553 CATALINA DR**
CITY - ST - ZIP **N FORT MYERS FL**

TITLE **SD**
NAME **HALLOWELL, JANE**
STREET ADDRESS **738 VIA DEL SOL**
CITY - ST - ZIP **NO FT MYERS FL**

TITLE **TD**
NAME **HALLOWELL, NORMAN**
STREET ADDRESS **738 VIA DEL SOL**
CITY - ST - ZIP **NO FT. MYERS FL**

TITLE **D**
NAME **COLEY, LEN R**
STREET ADDRESS **218 GLEASON DR**
CITY - ST - ZIP **CAPE CORAL FL**

13. 1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

3.1 TITLE Change Addition
3.2 NAME **200001464732**
3.3 STREET ADDRESS **-04/26/95--01019--013**
3.4 CITY - ST - ZIP *******61.25 *****61.25**

4.1 TITLE Change Addition
4.2 NAME **SD Heidecker, Dorothy**
4.3 STREET ADDRESS **553 Catalina Dr**
4.4 CITY - ST - ZIP **N. Ft Myers FL 33903**

5.1 TITLE Change Addition
5.2 NAME **TD Joan Keenan Oliviero OLIVIERO**
5.3 STREET ADDRESS **5443 SAN LUIS DR**
5.4 CITY - ST - ZIP **N. FT MYERS FL 33903**

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

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)(b), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-2-95** Daytime Phone # **813-543-4802**

00681774-24-95