

**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 # N43071 (2)**

1. Corporation Name

**CHRISTIAN FELLOWSHIP AT DEL TURA, INC.**



Principal Place of Business

Mailing Address

553 CATALINA DR.  
N. FT MYERS FL 33903

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N. FT MYERS FL 33903

3. Date Incorporated or Qualified  
**04/18/1991**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0277499</b>		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country	24		25	
				29		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HEIDECKER, JOSEPH  
553 CATALINA DR.  
N. FT MYERS FL 33903**

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**

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	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLIE, WILLIAM J	1.2 NAME	
STREET ADDRESS	804 VIA DEL SOL	1.3 STREET ADDRESS	
CITY-ST-ZIP	N FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDECKER, JOSEPH	2.2 NAME	
STREET ADDRESS	553 CATALINA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	N FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDECKER, DOROTHY	3.2 NAME	
STREET ADDRESS	553 CATALINA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLOGG OLIVERA, JOAN	4.2 NAME	Treasurer
STREET ADDRESS	5443 SAN LUIS DR.	4.3 STREET ADDRESS	KLIE, Carrie - See
CITY-ST-ZIP	N. FT. MYERS FL 33903	4.4 CITY-ST-ZIP	804 Via Del Sol
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEY, LEN R	5.2 NAME	
STREET ADDRESS	218 GLEASON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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:** *Joseph M. Heidecker - Pres.* **JOSEPH M. HEIDECKER** *4/29/96* **731 1808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)