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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

03-09-1999 90108 028 ****61.25

DOCUMENT # N43071

1. Corporation Name

CHRISTIAN FELLOWSHIP AT DEL TURA, INC.

Principal Place of Business

553 CATALINA DR.
N. FT MYERS FL 33903

Mailing Address

553 CATALINA DR.
N. FT MYERS FL 33903



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/18/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0277499

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election, Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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

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

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

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

TITLE DELETE
NAME SD
HEIDECKER, DOROTHY
STREET ADDRESS 553 CATALINA DR.
CITY-ST-ZIP N. FT MYERS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME T
KLIE, CARRIE-LEE
STREET ADDRESS 804 VIA DEE SOL
CITY-ST-ZIP N. FT. MYERS FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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: *Joseph M. Heidecker* JOSEPH M. HEIDECKER 2/26/99 9417311808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)