FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

N44313

(7)

FELLOWSHIP OF CHRISTIAN INSURANCE AGENTS, INC.

Principal Place of Business Mailing Address							ITE BABIN BABIN BHBIA CIR	
1061 EMERALD DR. 1061 EMERALD DR. BRANDON FL 33511 BRANDON FL 33511-6521			21					
						3. Date Incorporated or Qualified 07/12/1991	3a. Date of Las 05/20/1	
	lace of Business	2a. Mailing Address		0		4. FEI Number		Applied For
21 754	TOPINA DI	26 PO BOX	114	8		59-3079026		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Required
City & Stat	~ .	City & State				6. Election Campaign Financing	\$5.0	May Be
23 BRA	JOON FL	28 Barros	(L			Trust Fund Contribution	☐ Adde	ed to Fees
Zip	Country USA	Zip		ountry		8. This corporation has liability for in		r s. 199.032,
24 J JS] 8 30 \	USA			Yes No	
						10. Name and Address of New Registered Agent		
				81 Name	!			
WATSON, DAVID G. JR. 82 Street Addres					iss (P.O. Box Number is Not Acceptable)			
754 FORTUNA DR.								
BRANDON FL 33511				63				i
	_			84 City			FL	p Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida St	atutes, the a	bove-named	corpo	ration submits this statement for the pu	rpose of changing	its registered
agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligation	rionda. Such change w ons of, Section 617.0503	as authorizi Florjda Sta	ed by the cor atutes.	poratio	n's board of directors. I hereby accept	the appointment	as registered
SIGNATURE		Marid	WA	Tson	-	4-	クータフ	
OIGHATOTIC .	Signature, typed or printed name of registered agent in		NOTE Register	ed Agent signatur	e required	when reinstating)	DATE	
12.	OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFFICE		
TITLE		D L DELETE 1.11		ITLE			☐ Chang	e 🔲 Addition 📑
NAME	THE COUNTY OF THE COUNTY		NAME					
STREET ADDRESS	101101110111		STREET ADDRESS				li	
CITY-ST-ZIP			CITY-ST-ZIP	1				
TITLE	D	☐ DELETE	2.11	IILE			X Chang	e 🔲 Addition 🖰
NAME	winter, betty B.		2.21	(AME	W	a prise weers	·	
STREET ADDRESS	1010 00: 110 110 000 1: 1 0 100		STREET ADDRESS	75	WATSON BOTT B 754 FONTUNA ON BRANDS FL 32511			
CITY-ST-ZIP	VALRICO FL		2 4	CHTY-ST-ZIP	BI	MNAU (4.3351)		
TITLE	D	☐ DELETE	317	ITLE			☐ Chang	e 📙 Addition
NAME	LOWE, FRANK		321	IAME				
STREET ADDRESS	754 FORTUNA DR.		333	TREET ADDRESS				
CITY-ST-ZIP	BRANDON FL	<u> </u>	3.4.	CITY-ST-ZIP	ļ			
TITLE		☐ DELETE	4.1.1	NLE			☐ Chang	e L_ Addition
NAME			4. 2	NAME				
STREET ADDRESS			4.3 8	TREET ADDRESS				
CITY-ST-ZIP			4.4 (CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 T	ITLE			☐ Chang	e Addition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 \$	TREET ADDRESS	1			

14. I do 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 or an attachment with an address.

64 CITY-ST-ZIP

5.4 C(TY-\$1 - Z)P

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Addition

FILED

Apr 15 1997 8:00am

Secretary of State