2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State

Principal Place of Business P.O. BOX 782 LAKE WALES, FL 33853 US Nating Address P.O. BOX 782 LAKE WALES, FL 33853 US Nating Address P.O. BOX 782 LAKE WALES, FL 33853 US Nating Address P.O. BOX 782 LAKE WALES, FL 33853 US Nating Address P.O. BOX 782 LAKE WALES, FL 33853 US Nating Address P.O. BOX 782 LAKE WALES, FL 33853 US Nating Address P.O. BOX 782 LAKE WALES, FL 33853 US Nating Address P.O. BOX 782 LAKE WALES, FL 33853 US Nating Address P.O. BOX 782 LAKE WALES, FL 33853 US Nating Address P.O. BOX 782 P.O. BOX 782 P.O. BOX 782 P.O. BOX 783 P.O.	1. Entity Nam	MENT # N45604 ATION FELLOWSHIP CHURC		03-21-2005 90083 036 ****70.00				
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CRIFFIN, GLENDA F P.O. BOX 1884 Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable	Zip ¹ Country		Zip	Country	5. Certificate of St	tatus Desired		
SRIEF ADDRESS (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current Re	gistered Agent		7. Name and Add	Iress of New F	<u> </u>	
P.O. BOX 1684 1114 HL SMTH RD HAINES, CITY, FL 33844 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature head or protest named or imposed agent and title 4 applicable. OHOTE Registered Agent signature required when rendainty) DATE Filling Fee is \$81.25	GRIFFIN.	GLENDA F		Name				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature isseed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature received when entidishing) DATE	P.O. BOX 1684 1114 HL SMITH RD			Street Address	s (P.O. Box Number is	Not Acceptabl	e)	
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Trust Fund Contribution. Added to Fees Florida Department of State.	-	· · · · · · · · · · · · · · · · · · ·	ilde if applicable. (NOTE: P	Registered Agent signature requi	red when reinstating)		DATE	
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12. 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 report or supplemental 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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	LAKE WALES, FL 33853 T KING, BUCK 3226 WALK IN WATER ROAD LAKE WALES, FL 33853 T KING, JANICE 224 MYRTLE AVENUE LAKE WALES, FL 33853 VPT GRIFFIN, BOBBY R 1114 HL SMITH RD	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition

2. Thereby certury that the information supplied with this limit does not equally for the exemption stated in section 113 of 5(f), richard statutes, and that each proper to supplemental report is true and accurate and that my signature shall have the same legal effect as if made under call; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗡

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daytime Phone #