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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N51387** (1)

1. Corporation Name

**CHRISTIAN FELLOWSHIP BAPTIST CHURCH, MINISTRIES,
INCORPORATED**

Principal Place of Business

Mailing Address

P.O. BOX 54005
JACKSONVILLE FL 32246

P.O. BOX 54005
JACKSONVILLE FL 32245-4005



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, KENDALL
5563 LYNNE TREE LN. N.
JACKSONVILLE FL 32258**

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 **Kendall K. Anderson (President)**

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 **DS** ☐ DELETE

NAME **ANDERSON, KAREN M**
STREET ADDRESS **5563 LYNNE TREE LANE N.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **STOKES, BETTY**
STREET ADDRESS **58000 BARNES RD. S. #18**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **SHELTON, RICHARD**
STREET ADDRESS **10180 BISHOP LK. ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **FERGUSON, CHARLES**
STREET ADDRESS **561 BREVARD ST. N.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **DRUMMOND, ROBERT**
STREET ADDRESS **10655 WELLINGTON WAY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **STOKES, COLEMAN**
STREET ADDRESS **5800 BARNES RD. S., #18**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 on an attachment with an address.

SIGNATURE **Kendall K. Anderson** 4-21-97 1997 262-7570

CR2E037 (9/96)