


FILE NOW: FILING FEE IS \$61.25

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Jul 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32246



3. Date Incorporated or Qualified

**10/20/1992**

4. FEI Number

**58-5291048**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

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	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, KAREN M</b>	
STREET ADDRESS	<b>5563 LYNNE TREE LANE N.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STOKES, BETTY</b>	
STREET ADDRESS	<b>58000 BARNES RD. S. #18</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROGERS, PATRICIA</b>	
STREET ADDRESS	<b>2104 BELINDA CIR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FERGUSON, CHARLES</b>	
STREET ADDRESS	<b>561 BREVARD ST. N.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DRUMMOND, ROBERT</b>	
STREET ADDRESS	<b>10655 WELLINGTON WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STOKES, COLEMAN</b>	
STREET ADDRESS	<b>5800 BARNES RD. S., #18</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>STOKES, MARIE</b>	
1.3 STREET ADDRESS	<b>1600 LANSDOWNE DR. #510</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DEBORAH FERGUSON</b>	
3.3 STREET ADDRESS	<b>561 BREVARD ST. N.</b>	
3.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL.</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>1600 LANSDOWNE DR #510</b>	
6.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL.</b>	

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.

SIGNATURE: *Karen M Anderson* 6-27-98 (904) 262-7311

CR2E037 (10/97)