

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90010 025 ****70.00

DOCUMENT # N51387

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

10/20/1992

4. FEI Number

58-5291048

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Kendall Anderson 07-09-99

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP
D
STOKES, MARIE
1600 LANDSDOWNE DR, #510
JACKSONVILLE FL

TITLE NAME ☐ DELETE

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

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP
D
FERGUSON, DEBORAH
561 BREVARD ST NORTH
ST AUGUSTINE FL

TITLE NAME ☐ DELETE

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

TITLE NAME ☐ DELETE

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

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP
D
STOKES, COLEMAN
1600 LANDSDOWNE DR, #510
JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
S/D
ANDERSON, KAREN
5563 LYNNE TREE LN. N.
JACKSONVILLE, FL.

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Karen Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-09-99 904-262-7070

CR2E037 (5/99)