


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90296 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N92000000259 1. Corporation Name FAITH CHRISTIAN FELLOWSHIP OF CHARLOTTE COUNTY, INC.					
Principal Place of Business 24901 SAND HILL BLVD-1 PORT CHARLOTTE FL 33983			Mailing Address 24901 SAND HILL BLVD-1 PORT CHARLOTTE FL 33983		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/12/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0359188	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JOINER, JOHN B III 25106 BOLIVAR DR PORT CHARLOTTE FL 33983				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 <i>John B. Joiner III</i> PRESIDENT				DATE 5/13/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME JOINER, JOHN B III STREET ADDRESS 25106 BOLIVAR DR CITY-ST-ZIP PORT CHARLOTTE FL 33983		1.1 TITLE Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME JOINER, PAM STREET ADDRESS 25106 BOLIVAR DR CITY-ST-ZIP PORT CHARLOTTE FL 33983		2.1 TITLE Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME JOINER, PAM STREET ADDRESS 25106 BOLIVAR DRIVE CITY-ST-ZIP PT CHARLOTTE FL 33983		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STEVENS, KEITH STREET ADDRESS 1231 TYRONE STREET CITY-ST-ZIP PORT CHARLOTTE FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME ROBERT KONCAR 5.3 STREET ADDRESS 12991 KINGS ROW 5.4 CITY-ST-ZIP LAKE SUZY, FL 34266	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME ROBERT THOMAS 6.3 STREET ADDRESS 3360 S.W. COUNTY RD 769 6.4 CITY-ST-ZIP ARCADIA 34266	

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: *John B. Joiner III* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99

941-255-3199

Date

Daytime Phone #

CR2E037 (1/98)