


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # **N93000001669 (1)**

1. Corporation Name

**CHRISTIAN FELLOWSHIP INTERNATIONAL/MICHAEL & BOB
BI LOWERY MINISTRIES, INCORPORATED**

Principal Place of Business

1732 N.W. 2ND AVENUE
OCALA FL 34475

Mailing Address

P O BOX 6707
OCALA FL 34478-6707
US



37

2. Principal Place of Business

21 **37 OSPREY ST.**

Suite, Apt. #, etc.

22 City & State
Safety Harbor, FL

Zip

34695

Country

USA

2a. Mailing Address

26 **P.O. Box 1775**

Suite, Apt. #, etc.

27 City & State
Safety Harbor, FL

Zip

34695

Country

USA

3. Date Incorporated or Qualified
04/14/1993

3a. Date of Last Report
02/07/1996

4. FEI Number

59-3192955

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DINKINS, LEWIS E.
201 NORTHEAST EIGHTH AVE.
OCALA FL 33447-0**

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

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LOWERY, MICHAEL L**
STREET ADDRESS **4800 NE 21ST CT**
CITY-ST-ZIP **OCALA FL**

TITLE **VPSD** ☒ DELETE
NAME **LOWERY, BARBARA C**
STREET ADDRESS **4800 NE 21 CT**
CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☒ DELETE
NAME **LUDWIG, CHRIS**
STREET ADDRESS **1732 N.W. 2ND AVENUE**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **DANIEL L. RAMER** ☐ DELETE
NAME **DANIEL L. RAMER**
STREET ADDRESS **1335 FRIEND AVE.**
CITY-ST-ZIP **CLEARWATER, FL 34616**

TITLE **TREASURER / DIRECTOR** ☐ DELETE
NAME **DANIEL L. RAMER**
STREET ADDRESS **1335 FRIEND AVE.**
CITY-ST-ZIP **CLEARWATER, FL 34616**

TITLE **VICE PRESIDENT / SECRETARY** ☐ DELETE
NAME **ROBERT HINES**
STREET ADDRESS **18131 SANDPINES DR.**
CITY-ST-ZIP **SPRING HILL, FL 34610**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT / Director** ☒ Change ☐ Addition
1.2 NAME **Dr. Michael L. Lowery**
1.3 STREET ADDRESS **37 Osprey St.**
1.4 CITY-ST-ZIP **Safety Harbor, FL 34695**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0080027

CR2E037 (9/96)