FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

'APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003796 (0)**

1. Corporation Name

CHRISTIAN FELLOWSHIP CENTER, CORP. OF ORANGE PAR K

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1405 FLOYD CIRCLE ORANGE PARK FL 32073	1405 FLOYD CIRCLE ORANGE PARK FL 32073

3. Date Incorporated or Qualified: 08/23/1993 — 3a. Date of Last Report: 05/01/1994

4. FEI Number: APPLIED FOR — 59-3253545 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip (24) / County (25)	Zip (29) / County (30)	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRUBBS, ROBERT
1405 FLOYD CIRCLE
ORANGE PARK FL 32073

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE	D	11 TITLE	T
NAME	GRUBBS, ROBERT	12 NAME	Ivey
STREET ADDRESS	1405 FLOYDCIR	13 STREET ADDRESS	17 W 10 St.
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	Jacksonville, FL. 32206
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	ARRINGTON, EZZARD B SR	22 NAME	
STREET ADDRESS	1422 FLOYD CIR W	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, DEXTER	32 NAME	
STREET ADDRESS	207 CONFEDERATE PT RD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	GRUBBS, ARTHUR	42 NAME	
STREET ADDRESS	1424 FLOYD CIR	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	Smith, Jerry Lynn	52 NAME	
STREET ADDRESS	330 East 1st.	53 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32206	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	Wright, Katie B.	62 NAME	
STREET ADDRESS	29 W. 10 St	63 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32206	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert Grubbs — 3-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003848