FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N93000004174

1. Corporation Name: Fellowship Christian Academy, Inc.

Principal Place of Business: 17601 S.E. 10th Street, Silver Springs FL 34488

Mailing Address: P.O. Box 4794, Ocala, FL 34478

3. Date Incorporated or Qualified: 09-10-1993

3a. Date of Last Report: 05-01-95

2. Principal Place of Business — 21: 17601 S.E. 10th Street; 22: Suite, Apt. #, etc.; 23: City & State: Silver Springs FL; 24: Zip: 34488; 25: Country: Marion

2a. Mailing Address — 26: P.O. Box 4794; 27: Suite, Apt. #, etc.; 28: City & State: Ocala FL; 29: Zip: 34478; 30: Country: Marion

4. FEI Number: 59-3210709 — 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

Chamberlin, G R
6044 SE Agnew Rd.
Belleview FL 34420 U.S.

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	President	☒ DELETE
NAME	Anthony David	
STREET ADDRESS	Rt. 4 Box 740-A	
CITY-ST-ZIP	Silver Springs FL 34488	
TITLE	Vice President	☒ DELETE
NAME	Sheila David	
STREET ADDRESS	282 NE 171 Ct.	
CITY-ST-ZIP	Silver Springs FL 34488	
TITLE	John Bromley	☒ DELETE
NAME	17601 SE 10th St.	
STREET ADDRESS	Silver Springs FL 34488	
CITY-ST-ZIP		
TITLE	Rona Bromley	☒ DELETE
NAME	17601 SE 10th St.	
STREET ADDRESS	Silver Springs FL 34488	
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Vice President	☒ Change ☒ Addition
1.2 NAME	Bromley, John	
1.3 STREET ADDRESS	17601 SE 10th Street	
1.4 CITY-ST-ZIP	Silver Springs, FL 34488	
2.1 TITLE	Secretary/Treasurer	☒ Change ☒ Addition
2.2 NAME	Bromley, Rona	
2.3 STREET ADDRESS	17601 SE 10th Street	
2.4 CITY-ST-ZIP	Silver Springs FL 34488	
3.1 TITLE	Director	☐ Change ☒ Addition
3.2 NAME	John Bromley	
3.3 STREET ADDRESS	17601 SE 10th St.	
3.4 CITY-ST-ZIP	Silver Springs FL 34488	
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Robert Geisel	
4.3 STREET ADDRESS	3 Hemlock Circle Pass	
4.4 CITY-ST-ZIP	Ocala FL 34472	
5.1 TITLE	Director	☐ Change ☒ Addition
5.2 NAME	Rona Bromley	
5.3 STREET ADDRESS	17601 SE 10th St.	
5.4 CITY-ST-ZIP	Silver Springs FL 34488	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	600001893096	
6.3 STREET ADDRESS	-07/15/96--01009--029	
6.4 CITY-ST-ZIP	***61.25	

7/15/96

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: Rona L Bromley — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rona Bromley

May 5/96 — Date

(352) 625-5909 — Daytime Phone #

CR2E037 (12/95)