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 # P93000004174

1. Corporation Name

Fellowship Christian Academy, Inc.

Principal Place of Business	Mailing Address
17601 S.E. 10th Street Silver Springs FL 34488	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 _____ 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Anthony David Rt. 4 Box 740-A Silver Springs FL 34488	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President/Vice President Bromley, John 17601 SE 10th Street Silver Springs, FL 34488	☒ Change ☒ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Sheila David 282 NE 171 Ct. Silver Springs FL 34488	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary/Treasurer Bromley, Rona 17601 SE 10th Street Silver Springs FL 34488	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Bromley 17601 SE 10th St. Silver Springs FL 34488	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director John Bromley 17601 SE 10th St. Silver Springs FL 34488	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rona Bromley 17601 SE 10th St. Silver Springs FL 34488	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Robert Geisel 3 Hemlock Circle Pass Ocala FL 34472	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Rona Bromley 17601 SE 10th St. Silver Springs FL 34488	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	600001893096 -07/15/96--01009--029 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

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 — May 5/96 — (352)625-5909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rona Bromley