

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004174 (9)
 1. Corporation Name
FELLOWSHIP CHRISTIAN ACADEMY, INC.



Principal Place of Business 17801 S.E. 10TH ST. SILVER SPRINGS FL 34488	Mailing Address P O BOX 4784 OCALA FL 34478
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3. Date Incorporated or Qualified 09/10/1993	
4. FEI Number 59-3210709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
~~CHAMBERLIN, G.R.
 6044 GEORGE ACRE RD
 BELLEVUE FL 34421~~
 Richard G. Chamberlin
 14950 S. Hwy. 441
 Summerfield FL 34491

10. Name and Address of New Registered Agent
 81 Name **Richard G Chamberlin**
 82 Street Address (P.O. Box Number is Not Acceptable)
14950 S. Hwy. 441
 83
 84 City **Summerfield** FL 85 Zip Code **34491**

11. Pursuant to the provisions of Sections 617.0502 and 617.1108, 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]* DATE **3/11/98**

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROMLEY, JOHN	
STREET ADDRESS	17801 S.E. 10TH ST.	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROMLEY, RONA	
STREET ADDRESS	17801 S.E. 10TH ST.	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEISEL, ROBERT	
STREET ADDRESS	3 HEMLOCK CIRCLE PASS	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Geisel	
1.3 STREET ADDRESS	3 Hemlock Circle Pass	D
1.4 CITY-ST-ZIP	OCALA FL 34472	
2.1 TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Bromley	
2.3 STREET ADDRESS	17601 S.E. 10th Street	D
2.4 CITY-ST-ZIP	Silver Springs FL 34488	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rona Bromley	
3.3 STREET ADDRESS	17601 S.E. 10th Street	D
3.4 CITY-ST-ZIP	Silver Springs FL 34488	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *[Signature]* **3/11/98**

CR2E037 (10/97)