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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**

3. Date Incorporated or Qualified

09/10/1993

4. FEI Number

59-3210709

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CHAMBERLIN, G.R.
6044-GE AONE RD
BELLEVUE FL 34421~~

**Richard G. Chamberlin
14950 S. Hwy. 441
Summerfield FL 34491**

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BROMLEY, JOHN**
STREET ADDRESS **17801 S.E. 10TH ST.**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☒ DELETE
NAME **BROMLEY, RONA**
STREET ADDRESS **17801 S.E. 10TH ST.**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☒ DELETE
NAME **GEISEL, ROBERT**
STREET ADDRESS **3 HEMLOCK CIRCLE PASS**
CITY-ST-ZIP **OCALA FL 34472**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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** ☒ Change ☐ Addition
1.2 NAME **Robert Geisel**
1.3 STREET ADDRESS **3 Hemlock Circle Pass**
1.4 CITY-ST-ZIP **OCALA FL 34472**

2.1 TITLE **Vice President/Treasurer** ☒ Change ☐ Addition
2.2 NAME **John Bromley**
2.3 STREET ADDRESS **17601 S.E. 10th Street**
2.4 CITY-ST-ZIP **Silver Springs FL 34488**

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Rona Bromley**
3.3 STREET ADDRESS **17601 S.E. 10th Street**
3.4 CITY-ST-ZIP **Silver Springs FL 34488**

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 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)