

FILE NOW: FILING FEE IS \$61.25

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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90033 001 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N93000004174

1. Corporation Name

FELLOWSHIP CHRISTIAN ACADEMY, INC.

Principal Place of Business

17601 S.E. 10TH ST.
SILVER SPRINGS FL 34488

Mailing Address

P O BOX 4794
OCALA FL 34478



| | | |
|---|--|--|
| 2. Principal Place of Business 21 <i>(Same as above)</i> | 2a. Mailing Address 26 <i>PO Box 830194</i> | 3. Date Incorporated or Qualified 09/10/1993 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-3210709 |
| City & State 23 | City & State 28 <i>OCALA FL</i> | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 29 <i>34483</i> 30 <i>USA</i> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

CHAMBERLIN, RICHARD G
14950 S. HWY. 441
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GEISEL, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 3 HEMLOCK CIRCLE PASS | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL 34472 | 1.4 CITY-ST-ZIP | |
| TITLE | VTD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROMLEY, JOHN | 2.2 NAME | |
| STREET ADDRESS | 17601 S.E. 10TH ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34488 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROMLEY, RONA | 3.2 NAME | |
| STREET ADDRESS | 17601 S.E. 10TH ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34488 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE:

Richard G. Chamberlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 352-625-3909

Date

Daytime Phone #

CR2E037 (11/98)