

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005664 (7)

1. Corporation Name

REJOICE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

124 ROBIN RD.
SUITE 1800
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

124 ROBIN ROAD
SUITE 1800
ALTAMONTE SPRINGS FL 32714
US

3. Date Incorporated or Qualified
11/17/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business
21 **2430 EAST SEMORAN BLVD**

2a. Mailing Address
26 **2430 EAST SEMORAN BLVD**

4. FEI Number
59-3282231

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **#37**

Suite, Apt. #, etc.
27 **#37**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **APOPKA, FLORIDA**

City & State
28 **APOPKA FLORIDA**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **32703**

Country
25 **ORANGE**

Zip
29 **32703**

Country
30 **ORANGE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAMBERT, DOUG
913 SHADY CREST COURT
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name **RICK SHEAROUSE**
82 Street Address (P.O. Box Number is Not Acceptable)
455 EAST SPRINGTREE WAY
83
84 City **LAKE MARY** FL 85 Zip Code **32746**

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 **Rick Shearouse (RICK SHEAROUSE)**
Signature, typed or printed name of registered agent and title if applicable.

4-28-96
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LAMBERT, DOUG	
STREET ADDRESS	913 SHADY CREST CT.	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	☐ DELETE
NAME	TRUDELL, TOM	
STREET ADDRESS	2490 WHITEHALL CIRCLE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☐ DELETE
NAME	SHERROUSE, RICK	
STREET ADDRESS	124 ROBIN ROAD SUITE 1800	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
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	SECRETARY/TREASURER	☐ Change ☐ Addition
1.2 NAME	TRUDELL, TOM	
1.3 STREET ADDRESS	2490 WHITEHALL CIRCLE	
1.4 CITY-ST-ZIP	WINTER PARK, FLA. 32792	
2.1 TITLE	VIC-PRESIDENT	☐ Change ☒ Addition
2.2 NAME	SHEAROUSE JEANIE	
2.3 STREET ADDRESS	455 E. SPRINGTREE WAY	
2.4 CITY-ST-ZIP	LAKE MARY FL 32746	
3.1 TITLE	PRESIDENT	☐ Change ☒ Addition
3.2 NAME	SHEAROUSE RICK	
3.3 STREET ADDRESS	455 E. SPRINGTREE WAY	
3.4 CITY-ST-ZIP	LAKE MARY FL 32746	
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 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: **Rick Shearouse (RICK SHEAROUSE)** **4-28-96** **4073200721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)