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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005664

1. Corporation Name

REJOICE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

455 E. SPRINGTREE WAY
LAKE MARY FL 32746
US

Mailing Address

455 E. SPRINGTREE WAY
LAKE MARY FL 32746
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/17/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3282231
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired ☐
24	29	30
Country	Country	8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution ☐
		5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEAROUSE, RICK
455 EAST SPRINGTREE WAY
LAKE MARY FL 32746

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

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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARRONE, GARY	1.2 NAME	
STREET ADDRESS	1691 CANOE CREEK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHEAROUSE, RICK	2.2 NAME	
STREET ADDRESS	455 E. SPRINGTREE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SHERROUSE, JEANIE	3.2 NAME	SHEAROUSE, JEANIE
STREET ADDRESS	455 E. SPRINGTREE WAY	3.3 STREET ADDRESS	455 E. SPRINGTREE WAY
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	LAKE MARY, FLORIDA 32746
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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: Rick Shearouse **SIGNATURE REQUIRED**

2/2/99

407-320-0721

CR2E037 (11/98)