

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000794 (6)

1. Corporation Name

FELLOWSHIP CHURCH OF PORT ORANGE, A NON-PROFIT CORPORATION



Principal Place of Business

Mailing Address

**815 TAYLOR RD.
PORT ORANGE FL 32127**

**815 TAYLOR RD.
PORT ORANGE FL 32127**

3. Date Incorporated or Qualified
02/17/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 **725 SLEEPY HOLLOW DR**

26 **725 SLEEPY HOLLOW DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **PORT ORANGE, FL**

Zip Country

24 **32127**

25 **USA**

City & State

28 **PORT ORANGE, FL**

Zip Country

29 **32127**

30 **USA**

4. FEI Number

99-3297360

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, RUSS
815 TAYLOR RD.
PORT ORANGE FL 32127**

81 Name

RUSSEL P. WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)

725 SLEEPY HOLLOW DR

83

84 City

PORT ORANGE

FL

85 Zip Code

32127

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

Russel P. Williams

RUSSEL P. WILLIAMS/PRESIDENT

4/25/96

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 ☐ DELETE

NAME **PD WILLIAMS, RUSS**
STREET ADDRESS **725 SLEEPY HOLLOW DRIVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PTD WILLIAMS, RUSSEL P.**
1.3 STREET ADDRESS **725 SLEEPY HOLLOW DR**
1.4 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ DELETE

NAME **VD RANSOM, JACK**
STREET ADDRESS **710 PALM CIRCLE**
CITY-ST-ZIP **DAYTONA FL 32127**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **STD REAVES, JEFF**
STREET ADDRESS **483 HOPI COURT**
CITY-ST-ZIP **PORT ORANGE FL 32127**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **SD KAREN WILLIAMS KAREN**
4.3 STREET ADDRESS **725 SLEEPY HOLLOW DR**
4.4 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D JAMES R. ROSS**
5.3 STREET ADDRESS **2081 SUN VALLEY ST.**
5.4 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME **D BRIAN M. SHORE**
6.3 STREET ADDRESS **467 APPLE CT.**
6.4 CITY-ST-ZIP **PORT ORANGE FL 32127**

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:

Russel P. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/96
Day/Mo/Yr

(904)
788-1992

CR2E037 (12/95)