

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 # N95000002664 (9)

1. Corporation Name

REBORN CHRISTIAN FELLOWSHIP CENTER, INC.



Principal Place of Business

**3004 NORTH DODGE STREET
TAMPA FL 33605**

Mailing Address

**3004 NORTH DODGE STREET
TAMPA FL 33605**

3. Date Incorporated or Qualified
06/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

**JERELDS, JOHN H
3004 NORTH DODGE STREET
TAMPA FL 33605**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

John H Jerelds

4-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **JANICE Jerelds**

1.2 NAME **LILLIE B. BRAXTON**

STREET ADDRESS **3004 N Dodge St**

1.3 STREET ADDRESS **2918 E Chelsea**

CITY-ST-ZIP **TAMPA FLA 33605**

1.4 CITY-ST-ZIP **TAMPA FLA 33610**

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **JANNA Jerelds**

2.2 NAME **Darryl Bowers**

STREET ADDRESS **3004 N. Dodge St**

2.3 STREET ADDRESS **3201 Deerfield Dr**

CITY-ST-ZIP **TAMPA FLA 33605**

2.4 CITY-ST-ZIP **TAMPA FLA 33605**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME

3.2 NAME **Gregory Burnam**

STREET ADDRESS

3.3 STREET ADDRESS **4803 Signet Int'l Apt C.**

CITY-ST-ZIP

3.4 CITY-ST-ZIP **TAMPA FLA 33617**

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 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:

John H Jerelds - Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

623 2270

Date

Daytime Phone #

CR2E037 (12/95)