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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003524 (4)

1. Corporation Name

THE FOUNDATION OF ETERNAL LIFE FELLOWSHIP INC.

Principal Place of Business

RT 3 BOX 101
LAKE BUTLER FL 32054

Mailing Address

RT 3 BOX 101
LAKE BUTLER FL 32054



3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 RT 3 BOX 409

26 RT 3 BOX 409

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lake Butler FL

28 Lake Butler FL

Zip

Country

Zip

Country

24 32054

25 Union

29 32054

30 Union

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNTON, ROBERT
RT 3 BOX 409
LAKE BUTLER FL 32054

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 P.D. ☐ DELETE
NAME Robert Thornton
STREET ADDRESS Rt 3 Box 409
CITY-ST-ZIP Lake Butler FL 32054

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V.P.D. ☐ DELETE
NAME Thomas Ryder
STREET ADDRESS Rt 3 Box 101
CITY-ST-ZIP Lake Butler FL 32054

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Sect. Treas. ☐ DELETE
NAME Mary Thornton
STREET ADDRESS Rt 3 Box 409
CITY-ST-ZIP Lake Butler FL 32054

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Robert Thornton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96

1-904-496-4705

CR2E037 (12/95)