

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 27 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003524

1. Corporation Name

THE FOUNDATION OF ETERNAL LIFE FELLOWSHIP INC.

Principal Place of Business

RT 3, BOX 99G
LAKE BUTLER FL 32054
US

Mailing Address

RT. 3 BOX 409
LAKE BUTLER FL 32054



REINSTATEMENT

09/00

2. Principal Place of Business

21 2523 Hedge St

Suite, Apt. #, etc.

22

23 Lake City, FL

City & State

24 32025 25 US

Zip Country

2a. Mailing Address

26 2523 Hedge St

Suite, Apt. #, etc.

27

28 Lake City, FL

City & State

29 32025 30 US

Zip Country

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

THORNTON, ROBERT
RT 3 BOX 409
LAKE BUTLER FL 32054

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 Robert Thornton
Signature, typed or printed name of registered agent and title if applicable.

Robert Thornton
(NOTE: Registered Agent signature required when reinstating)

3-22-00
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME THORNTON, ROBERT
STREET ADDRESS RT 3 BOX 409
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE VPD ☐ DELETE

NAME RYDER, THOMAS
STREET ADDRESS RT 3 BOX 101
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ST ☐ DELETE

NAME THORNTON, MARY
STREET ADDRESS RT 3 BOX 409
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

Robert Thornton Robert Thornton 3-22-00 1-904-754-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)