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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N96000000284 (7)**

1. Corporation Name

FAITH FELLOWSHIP CHURCH OF BREVARD, INC.

Principal Place of Business	Mailing Address
3125 WEST NEW HAVEN AVENUE. SUITE 200 WEST MELBOURNE FL 32904	3125 WEST NEW HAVEN AVENUE. SUITE 200 WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified: 01/17/1996

4. FEI Number: 59-3332844 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, R. KEITH
3125 WEST NEW HAVEN AVENUE, SUITE 200
WEST MELBOURNE FL 32904

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 617.1908, 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: _____ 1/12/98
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	DVP	☐ DELETE	1.1 TITLE	Pres: Director	☒ Change ☐ Addition
NAME	KEITH WILLIAMS		1.2 NAME	R KEITH Williams	
STREET ADDRESS	3125 W NEW HAVEN AVE #200		1.3 STREET ADDRESS	3125 W. New Haven Ave	
CITY-ST-ZIP	W MELBOURNE FL		1.4 CITY-ST-ZIP	West Melbourne Fla. 32904	
TITLE	DP	☐ DELETE	2.1 TITLE	V. Pres: Director	☒ Change ☐ Addition
NAME	JEFF CLIFT		2.2 NAME	John Allen	
STREET ADDRESS	571 WETHERSFIELD PL		2.3 STREET ADDRESS	1707 Parkside Dr	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Indian Harbor, Fla. 32937	
TITLE	DS	☐ DELETE	3.1 TITLE	Secretary · Director	☒ Change ☐ Addition
NAME	LINDA OWEN		3.2 NAME	Steven Hall	
STREET ADDRESS	704 MEDINAH RD		3.3 STREET ADDRESS	3956 Sparrow Hawk Rd	
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	Melbourne Florida 32934	
TITLE	DT	☐ DELETE	4.1 TITLE	Treasurer · Director	☒ Change ☐ Addition
NAME	DOUGLAS C GILBERT		4.2 NAME	Bob Neidenmuller	
STREET ADDRESS	3504 SWALLOW DR		4.3 STREET ADDRESS	697 Palmer Dr.	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	Melbourne Fla 32940	
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		

CR2E037 (10/97)

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.

SIGNATURE: _____ Pres 1/12/98 407-723-2300