FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N96000001544 (3)

FIL-AM CHRISTIAN FELLOWSHIP INCORPORATED

Principal Place of Business

Mailing Address

FILED Apr 08 1997 8:00am Secretary of State



1491 NO. OCEAN BLVD. PALM BEACH FL 33480				1491 NO. OCEAN BLVD. PALM BEACH FL 33480-3044				
								3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1996
2. Principal Pi	ace of Busines	SS	2a.	Mailing Address				4. FEI Number Applied For
21			26	26				65 ~ 0656645 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27	27				Fee Required
	City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28	<u> </u>				Trust Fund Contribution Added to Fees
Zip	Country			Zip Country			,	8. This corporation has liability for intangible tax under s. 199.032,
24	21		29		30	1		Florida Statutes Yes V No
	9. Name a	nd Address of Curr	eni Regist	erea Agent		B1	Name	10. Name and Address of New Registered Agent
						"	Name	er .
BEN, LE						82	Street	et Address (P.O. Box Number is Not Acceptable)
	OCEAN BL					83		
PALM BE	EACH FL 334	180				03		
						84	,	FL 85 Zip Code
11. Pursuant to office or reagent. I ar	lo the provision egistered ager m famlliar with	ns of Sections 617.09 nt, or both, in the Sta , and accept the obl	502 and 61 te of Florid igations of,	7.1508, Florida Statu a. Such change was Section 617.0503, Fl	tes, the a authorize orida Sta	above ed by atutes	e-named the corp s.	od corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		printed name of registered a						ure required when reinstating) DATE
12.		OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELETE	1.1 1	ITLE		D □ Change ☑ Addition
NAME	LEE, BEN	В			1.2 1	NAME		LEE, ROMY B.
STREET ADDRESS		OCEAN BLVD.			1.3 5	STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	PALM BEA	CH FL 33480			1.4 0	OTY-S	T - ZIP	LANTANA, FL 33462
TITLE	D			✓ DEFELE	2.11	IITLE		Change Addition
NAME ₁	CODARO,	RUSSELL DR.			2.2 #	IAME		
STREET ADDRESS 5910 MORNING STAR CIRCLE				APT. 305			ADDRESS	s
CITY-ST-ZIP					2.4	2.4 City-St-ZIP		
TITLE	D			☐ DELETE	3.1 T	ITLE		L_] Change L_] Addition
NAME	NADEAU,				3.21	AME		
STREET ADDRESS	46 SIOUX				. 3.3 5	TREET	ADDRESS	S
CITY-ST-ZIP	LANTANA	FL 33462				CITY-5	ST-ZIP	
TITLE	D	ANEW 17A		DELETE	4.11			☐ Change ☐ Addition
NAME		ONEYLITO	^		- 1	NAMÉ		
STREET ADDRESS		L PINE CIRCLE N					ADDRESS	\$
CITY-ST-ZIP	ROYAL PA	ALM BEACH FL 33	411	DEVETE		HY-S	T+ZIP	
TITLE				☐ DELETE	5.1 T			Change Addition
NAME					5.2 N			
STREET ADDRESS							ADDRESS	S
CITY-ST-ZIP				DELETE		HY-S	1-ZIP	Change Addition
TITLE				☐ DECE IE	6.1 T			Li Change Li Addition
NAME					6.2 N			
STREET ADDRESS							ADDRESS	S
CITY-ST-ZIP					6.4 0	HY-S	1-ZIP	

I do 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Blockg13 if changed, or on an attachment with an address.