

3-18-98 B3417 C
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FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001544 (3)**
1. Corporation Name

FIL-AM CHRISTIAN FELLOWSHIP INCORPORATED

Principal Place of Business 1491 NO. OCEAN BLVD. PALM BEACH FL 33480	Mailing Address 1491 NO. OCEAN BLVD. PALM BEACH FL 33480
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3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

65-0656645

Applied For
☒ Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

2a. Mailing Address

26 **P.O. Box 541274**

Suite, Apt. #, etc.

27
City & State

28 **LAKELAND, FL**

Zip

29 **33454**

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

**BEN, LEE REV.
1491 NO. OCEAN BLVD.
PALM BEACH FL 33480**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LEE, BEN B	
STREET ADDRESS	1491 NO. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	

TITLE	D	☒ DELETE
NAME	LEE, ROMY B	
STREET ADDRESS	46 SIOUX LANE	
CITY-ST-ZIP	LANTANA FL	

TITLE	D	☐ DELETE
NAME	NADEAU, LEO	
STREET ADDRESS	46 SIOUX LANE	
CITY-ST-ZIP	LANTANA FL 33462	

TITLE	D	☐ DELETE
NAME	SIMON, HONEYLITO	
STREET ADDRESS	127 ROYAL PINE CIRCLE NO.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

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	D	☐ Change ☒ Addition
1.2 NAME	GONZALES, AMADEO	
1.3 STREET ADDRESS	260 S. BARFIELD HWY., APT. 3A	
1.4 CITY-ST-ZIP	PAHOKEE, FL 33476	

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 recorder 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:

REV. BENJAMIN B. LEE 3/11/98

CR25037 (10/97)