

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90009 043 ****61.25

DOCUMENT # N96000001544

1. Corporation Name

FIL-AM CHRISTIAN FELLOWSHIP INCORPORATED

Principal Place of Business
1491 N. Ocean Blvd.
Palm Beach, FL 33480

Mailing Address
P.O. Box 541274
Lake Worth, FL 33454



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4724 Okeechobee Blvd.		26 46 Sioux Lane		March 15, 1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0656645	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 West Palm Beach, FL 33417		28 Lantana, FL 33462		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

REV. BEN LEE
11491 N. Ocean Blvd.
Palm Beach, FL 33480

10. Name and Address of New Registered Agent

81 Name **REV. BEN LEE**
82 Street Address (P.O. Box Number is Not Acceptable)
46 Sioux Lane
83
84 City **Lantana** FL 85 Zip Code **33462**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALES, AMADEO	1.2 NAME	REV. JAMES CRAFT
STREET ADDRESS	260 S. Barfield Hwy, Apt. 3A	1.3 STREET ADDRESS	272 La Mancha Ave.
CITY-ST-ZIP	Pahokee, FL 33476	1.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADEAU, LEO	2.2 NAME	
STREET ADDRESS	46 Sioux Lane	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lantana, FL 33462	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, HONEYLITO	3.2 NAME	
STREET ADDRESS	127 Royal Pine Circle N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

REV. BEN LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-99

Date

(561) 649-93-12

Daytime Phone #

CR2E037 (11/98)