

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 10 1997 8:00am
Secretary of State

DOCUMENT # N96000003121 (8)

1. Corporation Name

**ONE ACCORD FELLOWSHIP NONDENOMINATIONAL MINISTRY
, INC.**



Principal Place of Business

Mailing Address

**14616 62ND COURT NO
LOXAHATCHEE FL 33470**

**14616 62ND COURT NO
LOXAHATCHEE FL 33470-4583**

3. Date Incorporated or Qualified
06/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0685067

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**JACKSON, RANDY L
14616 62ND COURT NO
LOXAHATCHEE FL 33470**

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 **PD** ☐ DELETE
NAME **JACKSON, RANDY L**
STREET ADDRESS **14616 62ND COURT NO**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☐ DELETE
NAME **JACKSON, AUDREY M**
STREET ADDRESS **14616 62ND COURT NO**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☐ DELETE
NAME **BROWN, RALSTON**
STREET ADDRESS **14656 67TH STREET NO**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☐ DELETE
NAME **LARKIN-JOHNSON, IDA**
STREET ADDRESS **5550 WYLIE STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33341**

TITLE **D** ☐ DELETE
NAME **BROWN, ODELIN**
STREET ADDRESS **14656 67 STREET NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **M/D** ☐ 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 **Tr/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Larkin, Ida**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **S** ☐ 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 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 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:

Randy L Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-97
Date

Daytime Phone # **0044422**

CR2E037 (9/96)