## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # N96000005619 (9)

**FILED** May 05 1998 8:00am Secretary of State

4-27-98 (561)286-0804

CHRIST FELLOWSHIP HOMES, INC.						I CRAMINI DIN COME NINI RAN			
Principal Place	e of Business	Mallin	Mailin			10011161 \$16 ILLI] \$1(1) \$0(1)	I BENN BENN BON	HALF DILL FIL	
STUART-FL 84		211 WILLAS ST. <sup>2</sup> STUART FL 84004			1	3. Date Incorporated or Qual  11/01/1996 4. FEI Number 65 - 0			Applied For Not Applicable
	lace of Business If SW BOATRAM	2a. Mailing Address	Bor		AM	APPLIED FOR	ed 🔲	\$8.75	5 Additional Required
Suite, Apt.	, etc. AUE	Suite, Apt. #, etc.		/	904	3. Election Campaign Financ Trust Fund Contribution	ing	\$5.00	D May Be
City & State 23 PAL		City & State  28 PAL M	Cir	v 2	=/ 7	7. Is this nonprofit corporation	····		
Zip 24 349	190 26 MARTIN	Zip 20 34990	Countr 30	ART	TIN	3. This corporation owes or h Personal Property Tax due	as paid the c	current year	Intangible
	9. Name and Address of Current	Registered Agent	81	Name	10	). Name and Address of Ne	w Registere	d Agent	<del></del>
TUOMA	ECCOEV E CONTIDE			1	·-··				
THOMAS, JEFFREY F ESQUIRE 555 COLORADO AVE				Street	eet Address (P.O. Box Number is Not Acceptable)				
	FL 34994		83						<del>- '- '</del>
			84	City			F	<b>85</b> Zi	ip Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the abov	e-named	corporati	ion submits this statement for			lts registered
office or re agent. I as	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	ons of, Section 617.0503, Fig.	autnorized b orida Statute	y the corp is.	poration's	board of directors. I hereby	accept the ap	pointment a	as registered
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered Ac	ent Bionatura	required wh	en rainstation)	DATE		
12.				13.		ADDITIONS/CHANGES TO			ORS IN 12
TITLE	PD	DELETE	1.1 TITLE					Change	e Addition
NAME	BENNETT, TERRY		1.2 NAME		201	111 511 24	· ~ ~ /	) n na i	0 000
STREET ADDRESS	211 VILLAS ST STUART FL 34994					44 SW BO	ra i k	349	
CITY-ST-ZIP	VID	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP	PAL	-// C1/y <sub>1</sub>	<u> </u>	Change	e Addition
NAME	STONE, PAUL	<b>C</b>	2.2 NAME		1				
STREET ADDRESS	293 N.E. WILDA STREET		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	JENSEN BEACH FL 34957		2. 4 CITY-	ST-ZIP					
TITLE	SD SD	DELETE	3.1 TITLE					☐ Change	e Addition
NAME	STAUDOHAR, GEORGE		3.2 NAME						
STREET ADDRESS	1602 E. 8TH STREET		3.3 STREE	T ADDRESS	ļ				
CITY-ST-ZIP	STUART FL 34997		3.4. CITY-	ST-ZIP				<del></del>	
TITLE		☐ DELETE	4.1 TITLE		SD	_		L Change	e Addition
NAME			4. 2 NAME		WE	NDELL OR	!R	ند	
STREET ADDRESS				T ADORESS	66	NDELL OR S. SEWALLS	5 <i>PT</i>	RD	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP	S71	UART, FL	— <del>349</del>	Change	e Addition
NAME -		E DECEN	5.2 NAME		1			ra comb	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY -						
TITLE		☐ DELETE	B.1 TITLE					Change	e Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS	1				
CITY-ST-ZIP			6,4 CITY-	ST-ZIP	<u></u>				
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	or the exemi	ation state	d in Sect	ion 119.07(3)(i), Florida Statu	tes. I further	certify that the	he information
officer or o	on this annual report or supplemental a director of the corporation or the record	innual report is true and acci er or trustee empoyered to	surate and the execute this	report as	required	an nave trie same legal effect by Chapter 617, Florida Stat	utes; and tha	under datn; t it my name £	appears in