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Apr 28 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 # **N97000000249 (9)**

1. Corporation Name

FAITH CHRISTIAN FELLOWSHIP INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**2974 HARTLEY ROAD WEST
2ND FLOOR
JACKSONVILLE FL 32257**

**2974 HARTLEY ROAD WEST
2ND FLOOR
JACKSONVILLE FL 32257**

2. Principal Place of Business

2974 HARTLEY ROAD W

Suite, Apt. #, etc.

90 HWW

City & State

JACKSONVILLE FLORIDA

Zip

32257

Country

USA

2a. Mailing Address

2974 HARTLEY ROAD W

Suite, Apt. #, etc.

90 HWW

City & State

JACKSONVILLE, FL

Zip

32257

Country

USA

9. Name and Address of Current Registered Agent

**OWENSBY, DAVID B
8380 BAYMEADOWS ROAD STE 11
JACKSONVILLE FL 32258**

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

59-3419817

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**

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

10. Name and Address of New Registered Agent

81 Name

MICHAEL H. CLARKE

82 Street Address (P.O. Box Number is Not Acceptable)

11659 DUNES WAY DR N

83

84 City

JACKSONVILLE

FL

85 Zip Code

32225

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

MICHAEL H. CLARKE

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

(NOTE: Registered Agent signature required when terminating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**S
NAME ARTHUR, JAYNE A
STREET ADDRESS 4086 STILLWOOD DR.
CITY-ST-ZIP JACKSONVILLE FL 32257**

TITLE ☐ DELETE

**VD
NAME HOLLIS, AUSTIN O JR
STREET ADDRESS 3224 JULINGTON CK RD
CITY-ST-ZIP JACKSONVILLE FL 32223**

TITLE ☐ DELETE

**PD
NAME BARKET, THOMAS
STREET ADDRESS 9179 BAY COVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32257**

TITLE ☐ DELETE

**TD
NAME MCCLUSKEY, NORMAN D
STREET ADDRESS 4235 SAN SERVERA DR. S.
CITY-ST-ZIP JACKSONVILLE FL 32217**

TITLE ☐ DELETE

**D
NAME MCCLUSKEY, JEFFREY L
STREET ADDRESS 4235 SAN SERVERA DR. S.
CITY-ST-ZIP JACKSONVILLE FL 32217**

TITLE ☐ DELETE

**D
NAME BORNE, RAY
STREET ADDRESS 605 HIBERNIA OAKS DR.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ 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

**JEFFREY L. ARTHUR
4086 STILLWOOD DR
JACKSONVILLE FL 32257**

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.

SIGNATURE: X

Arthur, Jayne A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-98

Daytime Phone #

262-7500

CR2E037 (10/97)