## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700001555

NEW FOUNDATION FELLOWSHIP OF CHIPLEY, FLORIDA IN

Principal Place of Business 531 ROCKHILL CHURCH RD.

2. Principal Place of Business

Suite, Apt. #, etc.

CHIPLEY FL 32428

Mailing Address

P.O. BOX 973 CHIPLEY FL 32428

2a. Mailing Address

Suite, Apt. #, etc.

26

27

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90067 028 \*\*\*\*61.25

l Indial fiedl Allit Biele ferte irret iret iset 154991 90067 28



Date Incorporated or Qualifed 03/17/1997

4. FEI Number 59-3435090

City & State	е	City & Sta	ate			5. Certificate of Status Desire	ed . 🔲	<b>⊅0.7</b> ⊃ A	
23		28				3		Fee Re	quired
Zip	Country Zip Co			Country		6. Election Campaign Financ	oing 🖂	□ \$5.00 Ma	
4	25 29 30					Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Age	nt			10. Name and Address of N	ew Registered	Agent	
				81	Name	•			
GOOD, DON					Street	Address (P.O. Box Number is Not Ac	centable)		
96 BARBER RD.					Suger	Address (1.0. Dox Hamber to Hotel			
CHIPLEY FL 32428									
Unification	TL 32420			-	ļ				
				84	City	,	FL	85 Zip C	oue
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such ch	nange was authoriz	ed by	the com	corporation submits this statement fo oration's board of directors. I hereby a	r the purpose of accept the appoi	changing its ntment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	ed Age	nt signature	required when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	1:	3.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	<b>OP</b> ☐ DELETE		DELETE 1.1	TITLE				☐ Change	Addition
NAME :	OOD. DON		1.2	1.2 NAME					
STREET ADDRESS	96 BARBER RD		1.3	STREE	T ADDRESS			,	
CITY-ST-ZIP	CHIPLEY FL 32428			CITY-S	ST-ZIP	\ <u>/</u>	· · · · · · · · · · · · · · · · · · ·		
TITLE	DV	×	DELETE 2.1	TITLE		Jim Swihart		Change	Addition
NAME	WALLACE, DERRICK	·	2.2	NAME			<b>~</b> 1.		_
STREET ADDRESS	1859 HWY 79		2.3	STREE	T ADDRESS	400 S. Broad	57.		
CITY-ST-ZIP	BONIFAY FL 32425		2.	CITY-	ST-ZIP	Kalida, Ohio	46853	٠	-
TITLE	DS	<b>₩</b> DELETE		3.1 TITLE		1		☐ Change	Addition
NAME	SMITH, DON	•	`	NAME		D5 Kacic Forehand 810 Coleman L Cotton dale Fl.	<u> </u>		,
STREET ADDRESS	2568 OLD DR		3.3	STREE	T ADDRESS	810 Coleman &	. h		
	CHIPLEY FL 32428			, CITY-		Cotton dale Fl	32431		
CITY-ST-ZIP TITLE	□ DELETE			TITLE	01-24	TO HORAGE PR	<u> </u>	Change	Addition
NAME		_		2 NAME				-	
STREET ADDRESS	1		i i		T ADDRESS				
CITY-ST-ZIP	}			CITY S					
TITLE	<del> </del>			TITLE				Change	Addition
NAME		_		NAME		1			
STREET ADDRESS			5.3	STREE	T ADDRESS	†			
CITY-ST-ZIP	}		5,4	CITY-5	ST-ZIP				•
TITLE	<b> </b>		DELETE 6.	TITLE				Change	☐ Addition
NAME	(			NAME					
STREET ADDRESS			6.3	STREE	T ADDRESS	1			
	}		6.	CITY-S	ST-ZIP				•
CITY-ST-ZIP	Learning that the information supplied with	n this filing does r				d in Section 119.07(3)(i). Florida Stati	utes. I further cer	tify that the i	nformation

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:

QuSUMAIQURE IFFQUESTI

1-25-99

850-638-7065

Applied For

- Not Applicable