

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N98000002352**

1. Corporation Name

CHURCH FELLOWSHIP WORSHIP MINISTRIES, INC.

Principal Place of Business
2914 LEONID ROAD
JACKSONVILLE FL 32244

Mailing Address
2914 LEONID ROAD
JACKSONVILLE FL 32244

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90001 037 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	9117 Lem Turner RD	26	9117 Lem Turner RD	04/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3503523	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Jacksonville, FL	28	Jacksonville, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24	32218	29	32218	30	

9. Name and Address of Current Registered Agent

ALLEN, BRUCE
10832 NAPLES COURTS
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BRUCE	1.2 NAME	
STREET ADDRESS	10832 NAPLES CT SO	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, RENITA	2.2 NAME	
STREET ADDRESS	10832 NAPLES CT SO	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, BERNARD	3.2 NAME	
STREET ADDRESS	11742 TORTOISE WAY NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	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: *Bernard Washington* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-99

Date

904-757-0768

Daytime Phone #