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 # **N98000005335**

1. Corporation Name

FELLOWSHIP OF CHRISTIAN FINANCIAL PLANNERS, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

25 FIFTH AVENUE INDIALANTIC FL 32903 25 FIFTH AVENUE INDIALANTIC FL 32903

FILED Apr 23, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

21 2250	E. 73 ml	26 2250 E	. 73		•	09/17/1998			_	ĺ
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number		X Apr	lied For	ĺ
22 Sui	te 650	27 650							Applicable	-
City & State City & State City & State City & State ZE TUSA, OK						5. Certifcate of Status Desired	Ò	\$8.75 A Fee Rec		
Zip Country Zip						6. Election Campaign Financing		\$5.00	May Be	ĺ
24 74136 25 USA 29 74136 30					+	Trust Fund Contribution		Added to	Fees	ŀ
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	Registered /	Agent		
				81	Name					
PARKER, RICHARD				82	Street Addre	ss (P.O. Box Number is Not Accept	able)			ĺ
25 FIFTH AVENUE										1
INDIALANTIC FL 32903				83				٠,		İ
				84	City			85 Zip C	ode	İ
	प्राप्त कर के स्टब्स				-		FL			
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Stati	utes, the a	bove-r	named corpo	ration submits this statement for the	purpose of at the appoin	changing its a ntment as rec	registered iistered	İ
office of n	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 617.0503, F	lorida Stati	utes.	e corporation	To board of directors. Thereby does	24 410 SPF-11			l
SIGNATURE		•								١,
	Signature, typed or printed name of registered agent a	<u>-</u>	Agent s	ignature required	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICEDS AN	D DIRECTO	PS IN 12	3	
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	1
TITLE	PD.	☐ DETE!E	1,1 TT					- onango		1
NAME	THO TOLO, O' MILO			1.2 NAME 1.3 STREET ADDRESS) 3
STREET ADDRESS	4411 EAST 72ND PLACE							•		{
CITY-ST-ZIP	TULSA OK 74136			TY-ST-2	ZIP			Change	☐ Addition	18
TITLE	D	☐ DELETE	2.1 Tí			•		C) Ontaingo		
NAME .	VOORST, CARL V	22 N				•				
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"CITY-ST-ZIP	ORANGE CITY 1A 51041	☐ DELETE		ITY-ST-	ZIP			☐ Change	Addition	ł
TITLE	STD	□ nëre ie	3.1 TI					ondingo		l
NAME	PARKER, RICHARD		3.2 N							
STREET ADDRESS					DORESS		•			
CITY-ST-ZIP	INDIALANTIC FL 32903	DELETE	3.4. CIT		ZIP		•	Change	Addition	1
TITLE	D DEATENE IONN D	T DETEIR	4.1 T					in originals		
NAME	BREAZEALE, JOHN R		4.2 N			•				
STREET ADDRESS	913 ZARSKY DRIVE			TREET A						١.
CITY-ST-ZIP	CORPUS CHRISTI TX 78412	☐ DELETE		TY-ST-Z	ZIP			Change	Addition	ľ
TITLE	DITTYOCKE MEI	LIVELEIE	5.1 Ti 5.2 N		1.			□ ouruido		1
NAME	RUTKOSKE, MEL			REET A	nneess	•	,			
STREET ADDRESS	319 EDMUND AVENUE			TY-ST-2			•		•	
CITY-ST-ZIP	ROYAL OAK MI 48073	DELETE	5.4 CI 6.1 TI		<u> </u>			Change	Addition	1
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	6.70	•	1		DDRESS					
STREET ADDRESS	1 mg 1 mg 2			TY-ST-						1
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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 particles, with all parter like empowered.