


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000005335	
1. Entity Name FELLOWSHIP OF CHRISTIAN FINANCIAL PLANNERS, INC.	

Principal Place of Business 2250 E 73RD SUITE 650 TULSA, OK 74136 US	Mailing Address 2250 E 73RD SUITE 650 TULSA, OK 74136 US
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 73-1562873	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARKER, RICHARD 25 FIFTH AVENUE INDIALANTIC, FL 32903
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NICHOLS, JAMES 4411 EAST 72ND PLACE TULSA, OK 74136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, HUGH 525 E CAPITAL ST JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BREAZEALE, JOHN R 913 ZARSKY DRIVE CORPUS CHRISTI, TX 78412
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, BILL 2385 LAKEVIEW RD BEAVERCREEK, OH 45434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHILANSKI, FLOYD 431 W 7TH AVE #100 ANCHORAGE, AK 99501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000073915
03/02/04-80055-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	2-17-04 918-494-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #