


**FILED**  
**Jun 21, 1999 8:00 am**  
**Secretary of State**

06-21-1999 90002 043 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000006789</b>					
1. Corporation Name <b>BRIGHT WATER CHRISTIAN FELLOWSHIP, INC.</b>					
Principal Place of Business <b>3233 INDIAN TRIAL          EUSTIS FL 32726</b>			Mailing Address <b>3233 INDIAN TRIAL          EUSTIS FL 32726</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>11/25/1998</b> 4. FEI Number <b>59-3544916</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent <b>COCHRAN, CLIFFORD J REV.          3233 INDIAN TRIAL          EUSTIS FL 32726</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City <b>FL</b> 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>P-President</b> <input type="checkbox"/> DELETE NAME <b>Clifford J. Cochran</b> STREET ADDRESS <b>3233 Indian Trail</b> CITY-ST-ZIP <b>Eustis, FL 32726</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>V-Vice President</b> <input type="checkbox"/> DELETE NAME <b>Dale Jergens</b> STREET ADDRESS <b>246 Country Gardens Dr.</b> CITY-ST-ZIP <b>Eustis, FL 32726</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>T-Treasurer</b> <input type="checkbox"/> DELETE NAME <b>Betty Naff</b> STREET ADDRESS <b>51909 Railroad Grade Rd.</b> CITY-ST-ZIP <b>Altamonte, FL 32702</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>S-Secretary</b> <input type="checkbox"/> DELETE NAME <b>Jamie L. Cochran</b> STREET ADDRESS <b>3233 Indian Trail</b> CITY-ST-ZIP <b>Eustis, FL 32726</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <b>D-Carol Kulazenska (Director)</b> <input type="checkbox"/> DELETE NAME STREET ADDRESS <b>35150 Water's Edge Dr.</b> CITY-ST-ZIP <b>Fruitland Park, FL 34731</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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:

*Clifford J. Cochran*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/13/99*  
 Date

*407-322-7622*  
 Daytime Phone #

CR2E037 (11/98)