STREET ADDRESS

CITY-ST-ZIP

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham'

FILED

May 05 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(5)

AFRICAN CHRISTIANS FELLOWSHIP INTERNATIONAL, INC

•		•				
Principal Place of Business		Mailing Address			1 1101 411	BING DIRIK BING NENGI BINIK NINIK NUNGI (HIN
% JOHN A. FRANKLIN. CPA 2101 SARDIS ROAD NORTH. SUITE 220 CHARLOTTE NC 28227		% JOHN A. FRANKLIN, CPA 2101 SARDIS ROAD NORTH. SUITE 220 CHARLOTTE NC 28227-7714				
٠.					 Date Incorporated or Qualified 04/07/1992 	3a. Date of Last Report 10/03/1996
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	,		56-1842766	Not Applicable
Suite, Apt.	#, e ic.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
* City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
25		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	่ Countr า	y	B. This corporation has liability for	
24	9, Name and Address of Current	29 30	<u> </u>	····		Yes No
	y, Name and Address of Current	registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
ONEOAN	ED MADOV W. C. (c			''		
SNEDAKER, HARRY W C/O FL VAULT SERVI			INC 82 Street Address (P.O. Box Number is Not Acceptable)			
Miles			83	 		
(CEANNY	NAMES AND ST.	PETERSBURG. FI 33714	_ ا			
. (•		84	' '		FL 85 Zip Code
13. Rursuant 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.						
agent. I am tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. 9IGNATURE						
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
llíre	PD	▼ DELETE	1.1 TITLE	$ \mathcal{Q} $	CHAIRMAN	☐ Change 【 Addition
NAME	KOFI, T. EDWARD		1.2 NAME		DENNIS L. NICE	
STREET ADDRESS	228 H. KINGSTON AVENUE			T ADDRESS	1730 S.W. PINE STR MCMINNVILLE, OR 97	EET
CITY-ST-ZIP TITLE	CHARLOTTE NC	DELETE	1.4 CITY- 2.1 TITLE		ADVISOR	
NAME .	VD Jackson, Alfred			D	ALFRED JACKSON	X Change Addition
STREET ADDRESS	1595 MORRETT BLVD. EXT		2.2 NAME	T ADDRESS	1595 MARETT BLVD.	
BIRE BUNES					ROOK HELD, DOWN	
TITLE	TD NILL SC	IX DELETE	3.1 TITLE	D SI-ZIF	TREASURER	Change X Addition
NAME	WARREN, JIM	24	3.2 NAME	-	DANA KROPF	
STREET ADDRESS	ROUTE 11, BOX 120		3.3 STREE	T ADDRESS	23095 POWERLINE RO)AD
CITY-ST-ZIP	LANCASTER SC		3.4 CITY	·ST-ZIP	HARRISBURG, OR 974	146
TITLE	SD SD	☐ DELETE	4.1 TITLE	0	ADVISOR	Change Addition
NAME .	SNEDAKER, HARRY W.		4. 2 NAM		SNEDAKER, HARRY W.	
STREET ADDRESS	17601 STERLING TERRACE		43 STREE	T ADDRESS	COFL VALLE SERVICE, INC.,	, 4300 31ST STREET
CITY-ST-ZIP	REDINGTON SHORES FL		4.4 CITY-	ST-ZIP	ST. PETERSBURG, FL	33714
TITLE	D	DELETE	5.1 TITLE	D	SECRETARY	Change Addition
NAME	RICKARD, BETTI		5.2 NAME		RICKARD, BETTI	O.T. PR
STREET ADDRESS	2525 KIMBROUGH CIRCLE		53 STREI	1 ADDRESS	2525 KIMBROUGH CIR	
CITY-ST-ZIP	CHARLOTTESVILLE VA	0.5.5.5	5.4 CITY-		CHARLOTTTESVILLE,	VA ☐ Change X Addition
TITIČE		DELETE	6.1 TITLE	· ·	VICE CHAIRMAN DR. DAN FRODGE	The cuantic The variation
5 N414F			■ F2NALK		I DIL DAN ENVIYE	

14. I do 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 of 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 or an attachypent with an address.

29 OAKWOOD ROAD

WINTER HAVEN, FL 33880