

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48294 (5)**

1. Corporation Name  
**AFRICAN CHRISTIANS FELLOWSHIP INTERNATIONAL, INC**



Principal Place of Business <b>% JOHN A. FRANKLIN, CPA 2101 SARDIS ROAD NORTH, SUITE 220 CHARLOTTE NC 28227</b>	Mailing Address <b>% JOHN A. FRANKLIN, CPA 2101 SARDIS ROAD NORTH, SUITE 220 CHARLOTTE NC 28227</b>
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3. Date Incorporated or Qualified  
**04/07/1992**

4. FEI Number  
**56-1842766**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

21. Principal Place of Business <b>23095 POWERLINE ROAD HARRISBURG, OR 97446</b>	22a. Mailing Address <b>P.O. BOX 67 HARRISBURG, OR 97446</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**SNEDAKER, HARRY W  
% FL VAULT SERVICE, INC  
4300 31ST STREET  
ST PETERSBURG FL 33714**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>NICE, DENNIS L</b>	
STREET ADDRESS	<b>1730 SW PINE ST</b>	
CITY-ST-ZIP	<b>MCMINNVILLE OR</b>	
TITLE	<b>DA</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, ALFRED</b>	
STREET ADDRESS	<b>1595 MARETT BLVD</b>	
CITY-ST-ZIP	<b>ROCK HILL SC</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>KROPP, DANA</b>	
STREET ADDRESS	<b>23095 POWERLINE ROAD</b>	
CITY-ST-ZIP	<b>HARRISBURG OR</b>	
TITLE	<b>DA</b>	<input type="checkbox"/> DELETE
NAME	<b>SNEDAKER, HARRY W.</b>	
STREET ADDRESS	<b>% FL VAULT SERVICE, INC, 4300 31ST STREET</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RICKARD, BETTI</b>	
STREET ADDRESS	<b>2525 KIMBROUGH CIRCLE</b>	
CITY-ST-ZIP	<b>CHARLOTTESVILLE VA</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>FRODGE, DAN D</b>	
STREET ADDRESS	<b>29 OAKWOOD RD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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.

SIGNATURE: *Dana E Kropp* **DANA E KROPP** 1/21/98 541 995 2252

CR2E037 (10/97)