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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N48294

1. Corporation Name
AFRICAN CHRISTIANS FELLOWSHIP INTERNATIONAL, INC

Principal Place of Business	Mailing Address
23095 POWERLINE RD HARRISBURG OR 97446 US	P.O. BOX 67 HARRISBURG OR 97446 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/07/1992
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	56-1842766
24	29	30
5. Certificate of Status Desired <input type="checkbox"/>		Applied For
		Not Applicable
		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SNEDAKER, HARRY W % FL VAULT SERVICE, INC 4300 31ST STREET ST PETERSBURG FL 33714		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICE, DENNIS L	1.2 NAME	T. EDWARD KOFI
STREET ADDRESS	1730 SW PINE ST	1.3 STREET ADDRESS	1947 POWELL AVE
CITY-ST-ZIP	MCMINNVILLE OR	1.4 CITY-ST-ZIP	LANCASTER SC 29720
TITLE	DA <input type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, ALFRED	2.2 NAME	CECELIA KOFI
STREET ADDRESS	1595 MARETT BLVD	2.3 STREET ADDRESS	1947 POWELL AVE
CITY-ST-ZIP	ROCK HILL SC	2.4 CITY-ST-ZIP	LANCASTER SC 29720
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	KROPF, DANA	3.2 NAME	
STREET ADDRESS	23095 POWERLINE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG OR	3.4 CITY-ST-ZIP	
TITLE	DA <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	SNEDAKER, HARRY W.	4.2 NAME	
STREET ADDRESS	% FL VAULT SERVICE, INC, 4300 31ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	FRODGE, DAN D	5.2 NAME	
STREET ADDRESS	29 OAKWOOD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: DANA KROPF DATE: 1/22/99 DAYTIME PHONE: 541 995 2252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)