


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701490 (5)

1. Corporation Name
CHRIST CHURCH INC



Principal Place of Business 151 WEST CHURCH AVE. LONGWOOD FL 32750	Mailing Address 151 WEST CHURCH AVE. LONGWOOD FL 32750
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3. Date Incorporated or Qualified
10/03/1960

4. FEI Number
59-1554000

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

**MILLER, ROGER E
 127 ROSE BRIAR DRIVE
 LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: MATHEWS, DOUG STREET ADDRESS: 478 GREEN SPRING CIRCLE CITY-ST-ZIP: WINTER SPRINGS FL 32708	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: EDOM, DONALD STREET ADDRESS: 890 SHRIVER CIRCLE CITY-ST-ZIP: LAKE MARY FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: HESCHLE, HANK STREET ADDRESS: 157 MORNING GLORY DR CITY-ST-ZIP: LAKE MARY FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: SANTAMARIA, GEORGE STREET ADDRESS: 250-3 MOREL LOOP CITY-ST-ZIP: WINTER SPRGS FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: SPRAGUE, MIKE STREET ADDRESS: 1450 WALD RD CITY-ST-ZIP: ORLANDO FL 32806	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: BRUNNER, NANCY STREET ADDRESS: 1052 PALM HILL CITY-ST-ZIP: LONGWOOD FL 32750	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

*D Gail Krot
 1486 Conners Lane
 Winter Springs, FL 32708*

*D Nancy Sprague
 331 E. Maple
 Longwood, FL 32750*

*D Amy Strach
 805 Gregory Lane
 Altamonte Springs*

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 charged, or on an attachment with an address.

SIGNATURE: *Doug Mathews* *Doug Mathews* **11-15-98** **407-532-7007**

CR2E037 (10/97)