


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90067 033 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701490**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/03/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1554000
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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	
MILLER, ROGER E 127 ROSE BRIAR DRIVE LONGWOOD FL 32750		81 Name	George Santomaria
		82 Street Address (P.O. Box Number is Not Acceptable)	250-3 Moree Loop
		83	Winter Springs
		84 City	FL
	85 Zip Code	32708	

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: *George Santomaria* DATE: 11/10/99

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	
TITILE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, DOUG	1.2 NAME	
STREET ADDRESS	478 CREEN SPRING CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	
TITILE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDOM, DONALD	2.2 NAME	
STREET ADDRESS	890 SHRIVER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	
TITILE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESCHLE, HANK	3.2 NAME	Nancy Sparks
STREET ADDRESS	157 MORNING GLORY DR	3.3 STREET ADDRESS	331 E. maine
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	Longwood, FL 32750
TITILE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAMARIA, GEORGE	4.2 NAME	
STREET ADDRESS	250-3 MOREE LOOP	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRGS FL	4.4 CITY-ST-ZIP	
TITILE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROT, GAIL	5.2 NAME	
STREET ADDRESS	1486 CONNERS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	5.4 CITY-ST-ZIP	
TITILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPARKS, NANCY	6.2 NAME	Fran Lowe
STREET ADDRESS	331 E MAINE	6.3 STREET ADDRESS	3719 Trails End
CITY-ST-ZIP	LONGWOOD FL 32750	6.4 CITY-ST-ZIP	Longwood FL 32750

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Signature* DATE: 11/10/99 DAYTIME PHONE: 327-3053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)