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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 737608

1. Corporation Name
H. T. CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
820 N. 11TH STREET P.O. BOX 1033 PALATKA FL 32178	820 N. 11TH STREET P.O. BOX 1033 PALATKA FL 32178

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/22/1976	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-0026100	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWN, JOHN D
RT. 6 BOX 236 ELM AVE
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name: Evelyn Lewis
82 Street Address (P.O. Box Number is Not Acceptable): 151 Vine Street
83 [redacted] East Palatka
84 City: FL 85 Zip Code: 32131

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: Evelyn V. Lewis — Evelyn V. Lewis — April 26, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, AMOS JR.		1.2 NAME		
STREET ADDRESS	716 N. 19TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, RUTHA MAE		2.2 NAME		
STREET ADDRESS	716 N. 19TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL		2.4 CITY-ST-ZIP		
TITLE	FSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, ROSIE L.		3.2 NAME		
STREET ADDRESS	101 WOODS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	SINGLETON, HENRIETTA		4.2 NAME	Word, Lugene	
STREET ADDRESS	891 N. CLAY STREET		4.3 STREET ADDRESS	Rt. 8 Box 363, 108 Phillips Dairy Rd	
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP	Palatka, Fl. 32177	
TITLE	RSD	☐ DELETE	5.1 TITLE	Recording Secretary	☐ Change ☒ Addition
NAME	WORD, LUGENE		5.2 NAME	Vivian Curry	
STREET ADDRESS	RT. 6, BOX 499B		5.3 STREET ADDRESS	720 N. 11th Street	
CITY-ST-ZIP	PALATKA FL		5.4 CITY-ST-ZIP	Palatka, Fl. 32177	
TITLE		☐ DELETE	6.1 TITLE	Chaplin	☒ Change ☐ Addition
NAME			6.2 NAME	Singleton, Henrietta	
STREET ADDRESS			6.3 STREET ADDRESS	891 N. Clay Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	St. Augustine, Fl.	

CR2E037 (11/98)

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: Rutha Mae Murray — SIGNATURE REQUIRED — Rutha Mae Murray — 4-11-99 — 904-328-5594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #