

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **F94000000262 (5)**  
1. Corporation Name  
**CHRISTIAN MILITARY FELLOWSHIP CORPORATION**



|   |  |
|---|--|
| Principal Place of Business<br><b>3677 SO HURON STE 101 ENGLEWOOD CO 80110 US</b> | Mailing Address<br><b>P.O. BOX 1207 ENGLEWOOD CO 80150-1207 US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/19/1994</b> |  |
| 4. FEI Number<br><b>84-0780545</b>                     | Applied For<br><input type="checkbox"/> Not Applicable |

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>21 3000 So Acoma St</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br><b>26</b><br>Suite, Apt. #, etc. |
| 22 City & State<br><b>23 Englewood CO</b>   | 27 City & State   |
| 24 Zip<br><b>80110</b>  | 25 Country<br><b>US</b>                                 |
| 29 Zip<br><b>30</b>   | Country   |

|   |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent  
**ROBERTS, WARREN  
508 OAKHILL ST  
JACKSONVILLE FL 32227**

10. Name and Address of New Registered Agent

|   |                          |
|---|--------------------------|
| 81 Name   |                          |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                          |
| 83  |                          |
| 84 City   | 85 Zip Code<br><b>FL</b> |

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 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>M</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CONRAD, CRAIG C</b>                    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3577 S. HURON STREET, SUITE 101</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ENGLEWOOD CO</b>                       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FLYNN, ROBERT W</b>                    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3877 S. HURON STREET, SUITE 101</b>    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ENGLEWOOD CO</b>                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MEL ANDERSON</b>                       | 3.2 NAME  |   |
| STREET ADDRESS             | <b>3815 SOUTH BRYANT ST</b>               | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ENGLEWOOD CO</b>                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROBERT BINGHAM</b>                     | 4.2 NAME  |   |
| STREET ADDRESS             | <b>P. O. BOX 1930 N/A</b>                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ENGLEWOOD CO</b>                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MILLER, ERNEST</b>                     | 5.2 NAME  |   |
| STREET ADDRESS             | <b>5968 SO PEARL ST</b>                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LITTLETON CO</b>                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FLAMBOE, ED</b>                        | 6.2 NAME  |   |
| STREET ADDRESS             | <b>925 MARINE DRIVE ATLANTIS</b>          | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ANNAPOLIS MD</b>                       | 6.4 CITY-ST-ZIP                                       |   |

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>M</b> <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CONRAD, CRAIG C</b>                    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>3577 S. HURON STREET, SUITE 101</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ENGLEWOOD CO</b>                       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FLYNN, ROBERT W</b>                    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3877 S. HURON STREET, SUITE 101</b>    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ENGLEWOOD CO</b>                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MEL ANDERSON</b>                       | 3.2 NAME  |   |
| STREET ADDRESS             | <b>3815 SOUTH BRYANT ST</b>               | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ENGLEWOOD CO</b>                       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROBERT BINGHAM</b>                     | 4.2 NAME  |   |
| STREET ADDRESS             | <b>P. O. BOX 1930 N/A</b>                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ENGLEWOOD CO</b>                       | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MILLER, ERNEST</b>                     | 5.2 NAME  |   |
| STREET ADDRESS             | <b>5968 SO PEARL ST</b>                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LITTLETON CO</b>                       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FLAMBOE, ED</b>                        | 6.2 NAME  |   |
| STREET ADDRESS             | <b>925 MARINE DRIVE ATLANTIS</b>          | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>ANNAPOLIS MD</b>                       | 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.

CR2E037 (10/97)