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**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F95000001668**

1. Corporation Name

**CHRISTIAN LAW ASSOCIATION, INC.**

Principal Place of Business

PO BOX 4010  
SEMINOLE FL 33775  
US

Mailing Address

PO BOX 4010  
SEMINOLE FL 33775  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/06/1995

4. FEI Number

34-1245065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GIBBS III, DAVID C ESQ.  
GIBBS & CRAZE, P.A.  
5666 SEMINOLE BLVD., STE. 2  
SEMINOLE FL 33775

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  
33775

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPV ☐ DELETE

NAME GIBBS, DAVID C. JR

STREET ADDRESS 6450 ROCKSIDE WOODS BLVD S #100

CITY-ST-ZIP CLEVELAND OH 44131

TITLE D ☐ DELETE

NAME CRAZE, CHARLES E

STREET ADDRESS 1550 EL CAMINO REAL, SUITE 220

CITY-ST-ZIP MENLO PARK CA

TITLE D ☐ DELETE

NAME GIBBS, DAVID C SR.

STREET ADDRESS 520 JOHN'S PASS AVE.

CITY-ST-ZIP MADEIRA BEACH FL

TITLE D ☐ DELETE

NAME GIBBS, GLORIANNE

STREET ADDRESS 5666 SEMINOLE BLVD 2

CITY-ST-ZIP SEMINOLE FL

TITLE DST ☐ DELETE

NAME GIBBS, DAVID C III

STREET ADDRESS 5666 SEMINOLE BLVD 2

CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

17535 Rosbough Dr. Suite #212  
Middleburg Hts., OH 44130

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*David C. Gibbs* 2/15/99 (721) 399-8300

CR2E037 (1/98)