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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Jun 17, 1999 8:00 am
Secretary of State
06-17-1999 90008 002 ****61.25

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DOCUMENT # N09732

1. Corporation Name

CHRISTALORD MINISTRIES FOR DISCIPLES IN CHRIST, INC.

Principal Place of Business	Mailing Address
1621 N DIXIE HWY FT LAUDERDALE FL 33305 US	P O BOX 9511 FT LAUDERDALE FL 33310 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/13/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2654803 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CHAMBERS, ELOISE O
3000 NW 48 TERR. #418
LAUDERDALE LAKES FL 33313

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 _____ DATE
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		
TITLE	F	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, GEORGE W		1.2 NAME		
STREET ADDRESS	1301 SE 1ST AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LYONS, CHRISTINE		2.2 NAME		
STREET ADDRESS	1460 NW 28TH ST B		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAIN, ARTHUR L.		3.2 NAME		
STREET ADDRESS	2180 NW 33 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SWARTZ, ELIZABETH		4.2 NAME		
STREET ADDRESS	414 S "O" ST #3		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWORTH FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, SCOTT		5.2 NAME		
STREET ADDRESS	414 S "O" ST #3		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWORTH FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERS, ELOISE O		6.2 NAME		
STREET ADDRESS	3000 NW 48TH TERRACE, #418		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313		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, with all other like empowered.

SIGNATURE: E CHAMBERS (OLR Enclosed) 6/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)