

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09732

FILED  
Mar 22, 2004  
Secretary of State

**Entity Name:** CHRISTALORD MINISTRIES FOR DISCIPLES IN CHRIST, INC.

**Current Principal Place of Business:**

1621 N DIXIE HWY  
FT LAUDERDALE, FL 33305 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9511  
FT LAUDERDALE, FL 33310 US

**New Mailing Address:**

**FEI Number:** 59-2654803      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, GAYLE V  
688 NW 20TH STREET  
POMPANO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: F ( ) Delete  
Name: MITCHELL, GEORGE W  
Address: 1301 SE 1ST AVE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: C ( ) Delete  
Name: EVANS, GAYLE  
Address: 688 NW 20TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP ( ) Delete  
Name: BAIN, ARTHUR L.  
Address: 2180 NW 33 AVE  
City-St-Zip: LAUDERDALE LAKE, FL

Title: T ( ) Delete  
Name: SWARTZ, ELIZABETH  
Address: 414 S  
City-St-Zip: LAKEWORTH, FL

Title: T ( ) Delete  
Name: SCHWARTZ, SCOTT  
Address: 414 S  
City-St-Zip: LAKEWORTH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH SCHWARTZ

T

03/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date