FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

4-28-97 (407) 246-0038

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N38470

(3)

COMMUNITY CHRISTIAN OUTREACH MINISTRIES, INC.

COMINIC	JAILL CHUISTINIA OO LUCA	ion i	mitio i nito; nito;						
Principal Place of Business			ailing Address				T TEBÜNÜN BEÐ SINAT HOMS ÁRFIN KERNI ADAM ANAM ANAM AKAM ANAM ÁRAM ARAM ARAM ANAM ÁRAM ARAM ARAM ANAM ÁRAM ARAM	İ	
C/O FLORALEE A. SHINDOLL 4601 JUDY COURT ORLANDO FL 32839		C/O FLORALEE A. SHINDOLL 4601 JUDY COURT ORLANDO FL 32839-2007					3. Date Incorporated or Qualified 3a. Date of Last Report 06/04/1990 04/19/1996		
A D/10/-	- of Durings		Mailing Address				4. FEI Number Applied For		
Principal Place of Business 21			26				59-3135783 Not Applicab	le	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country			Z _{IP} Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,	-	
	25			30	- County		Florida Statutes		
<u> </u>	9. Name and Address of Curren		tered Agent	1221	I		10. Name and Address of New Registered Agent	\Box	
,					81	Name		1	
SHINDO	LL, FLORALEE A.				82	Street /	Address (P.O. Box Number is Not Acceptable)		
4601 JUDY COURT									
ORLANDO FL 32809						<u> </u>	85 Zip Code		
					84	City	FL 1 1 1 1 1 1 1 1 1		
agent. I ar	n familiar with, and accept the oblig	ations c	or, Section 617.0503, F	IOTICE S	tatules	•	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	וס 	
	Signature, typed or printed name of registered age					nt elgnature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS AN	D DIRE	DELETE	13	S. I TITLE		Change Additional Addi	on l	
TITLE	PD Shindoll., Harold L		beter		NAME				
NAME STREET ADDRESS	4601 JUDY COURT					ADORESS			
CITY-ST-ZIP	ORLANDO FL				CITY-S				
TOTLE	VD		☐ DELETE		I TITLE		Change Addit	ion	
NAME	WACHTSTETTER, MARK			2.3	2 NAME				
STREET ADDRESS	3871 W. 73RD CT			2.3	3 STREET	ADDRESS		- 1	
CITY-ST-ZIP	MERRILLVILLE IN		l locuses		4 CITY-S	ST-ZIP	☐ Change ☐ Addit		
TITLE	VD		DELETE		1 TITLE		☐ Change ☐ Addit	.OII	
NAME	SHIPLEY, STEPHEN				2 NAME	ADDDCCO			
STREET ADORESS	1617 FLORINDA DR. ORLANDO FL 32804					ADDRESS .	•		
CITY-ST-ZIP TITLE	TD		☐ DELETE		4. CITY-! 1 TITLE	3) - LIF	☐ Change ☐ Addit	ion	
NAME	SHINDOLL, FLORALEE A.				2 NAME			ļ	
STREET ADDRESS	4601 JUDY COURT			4:	3 STREET	ADDRESS			
CITY-SI-ZIP	ORLANDO FL			4	4 CITY-S	T-ZIP			
TITLE	SD		DELETE	5.	1 TITLE		Change L Addit	ion	
NAME	WACHTSTETTER, CAROLYN			5.	2 NAME				
STREET ADDRESS	3871 W. 73RD CT.			5.	3 STREET	ADDRESS	1		
CITY-ST-ZIP	MERRILLVILLE IN		T OFFERS		4 CITY-S	T-ZIP	Change X Addit	tion	
TITLE			☐ DELETE	1	1 TITLE			NOIL	
NAME					2 NAME	r amonecee	LULIA BROOK HOLLAUL DR.		
STREET ADDRESS						ADDRESS	Helio Nesfolj 1443 BROOK HOLLOW DR. ORIGNDO, Fl. 32809		
£(TY-ST-ZIP	by certify that the information supplied	ed with	this filing does not our	lify for t	4 CITY-S	motion s	stated in Section 119 07(3)(i) Florida Statutes. I further certify that the		
							nd that my signature shall have the same legal effect as if made under oath; report as required by Chapter 617. Florida Statutes; and that my name	ihat	