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Apr 27, 1999 8:00 am
Secretary of State

0018467

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

04-27-1999 90110 009 ****61.25

DOCUMENT # N38470

1. Corporation Name
COMMUNITY CHRISTIAN OUTREACH MINISTRIES, INC.

429428 - 90110 - 9

Principal Place of Business
 C/O FLORALEE A. SHINDOLL
 4601 JUDY COURT
 ORLANDO FL 32839

Mailing Address
 C/O FLORALEE A. SHINDOLL
 4601 JUDY COURT
 ORLANDO FL 32839



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/04/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3135783	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHINDOLL, FLORALEE A. 4601 JUDY COURT ORLANDO FL 32809				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDOLL, HAROLD L.	<i>Deceased</i>	1.2 NAME	SHINDOLL, FLORALEE A.	
STREET ADDRESS	4601 JUDY COURT		1.3 STREET ADDRESS	4601 JUDY CT.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL. 32839	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WACHTSTETTER, MARK		2.2 NAME	AGOSTO, ERIC JAMES	
STREET ADDRESS	3871 W. 73RD CT		2.3 STREET ADDRESS	4360 S. KIRKMAN ROAD - APT. 411	
CITY-ST-ZIP	MERRILLVILLE IN		2.4 CITY-ST-ZIP	ORLANDO, FL. 32811	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIPLEY, STEPHEN		3.2 NAME	AGOSTO, MELISSA	
STREET ADDRESS	1617 FLORINDA DR.		3.3 STREET ADDRESS	4360 S. KIRKMAN ROAD - APT. 411	
CITY-ST-ZIP	ORLANDO FL 32804		3.4 CITY-ST-ZIP	ORLANDO, FL. 32811	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINDOLL, FLORALEE A.	<i>Changing To PD</i>	4.2 NAME		
STREET ADDRESS	4601 JUDY COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHTSTETTER, CAROLYN		5.2 NAME		
STREET ADDRESS	3871 W. 73RD CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MERRILLVILLE IN		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESPOLI, HELIO		6.2 NAME		
STREET ADDRESS	1443 BROOK HOLLOW DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		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: *Floralée A. Shindoll* **REQUIRED** 4-23-99 (407) 246-0038
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)