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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N38470

1. Corporation Name
COMMUNITY CHRISTIAN OUTREACH MINISTRIES, INC.

Principal Place of Business *Of Melissa Agosto* Mailing Address
 610 FLORALEE A. SHINDOLL
4801 JUDY COURT 126 E. COLONIAL DR.
ORLANDO FL 32809 ORLANDO, FL 32801
 C/O FLORALEE A. SHINDOLL
4801 JUDY COURT 126 E. COLONIAL DR.
ORLANDO FL 32809 ORLANDO, FL 32801



2. Principal Place of Business 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	2a. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 06/04/1990	4. Fil Number 59-9195783 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		58.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		65.00 May Be Added to Fees	

6. Name and Address of Current Registered Agent SHINDOLL, FLORALEE A. 4801 JUDY COURT ORLANDO FL 32809	7. Name and Address of New Registered Agent 81 Name Melissa Agosto 82 Street Address (P.O. Box Number is Not Acceptable) 126 E. COLONIAL DR. 83 84 City ORLANDO 85 FL 86 Zip Code 32801
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11. Pursuant to the provisions of Sections 617.0602 and 617.1606, 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 617.0603, Florida Statutes.

SIGNATURE: *Melissa Agosto* *Melissa Agosto* P-2-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHINDOLL, HAROLD L. 4801 JUDY COURT ORLANDO FL	<input checked="" type="checkbox"/> DELETE <i>Deceased</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SHINDOLL, FLORALEE A. ANTONIO B. PARTIQUATTI 4801 JUDY CT. 6131 SAINT IVES BLVD. ORLANDO, FL 32839 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WACHTSTETTER, MARK 3871 W. 73RD CT MERRILLVILLE IN	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD AGOSTO, ERIC JAMES 4360 S. KIRKMAN ROAD - APT. 411 ORLANDO, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIPLEY, STEPHEN 1617 FLORIDA DR. ORLANDO FL 32804	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD AGOSTO, MELISSA 4360 S. KIRKMAN ROAD - APT. 411 ORLANDO, FL 32811	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHINDOLL, FLORALEE A. 4801 JUDY COURT ORLANDO FL	<input type="checkbox"/> DELETE <i>Changing To PD</i>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD ANTONIO CARLOS O. B. DE OLIVEIRA 2302 OAK BOW DR. GARLAND, TEXAS 75044-6016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WACHTSTETTER, CAROLYN 3871 W. 73RD CT. MERRILLVILLE IN	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD FERNANDA G. PARTIQUATTI 6131 SAINT IVES BLVD. ORLANDO, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEBOLL, HELIO 1443 BROOK HOLLOW DR ORLANDO FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 its registered or inactive 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 both appointments with an address, with all other fee empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4-23-99 (407) 246-0038

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