

FILE NOW: FILING FEE IS \$61.25

FILED  
May 07 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44262 (6)  
1. Corporation Name  
CHRISTOPHER HOUSE, INCORPORATED  
DBA Christopher Research, INC.



Principal Place of Business Mailing Address  
525 8TH AVENUE N. 4401 14th St NE ST. PETERSBURG FL 33703 525 8TH AVENUE N. 4401 14th St NE ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified  
07/15/1991  
4. FEI Number  
59-3082473  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 4401 14th St N.E. 26 4401 14th St N.E.  
22 Suite, Apt. #, etc. 27  
23 City & State St. Petersburg, FL 28 St. Petersburg, FL  
24 Zip 33703 25 Country 29 Zip 33703 30 Country

6. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
BUTLER, W. JAMES  
2030 DREW STREET  
SUITE C  
CLEARWATER FL 34625

10. Name and Address of New Registered Agent  
81 Name DEBORAH F. SCANLAN  
82 Street Address (P.O. Box Number is Not Acceptable) 4401 14th St. N.E.  
83  
84 City St. Petersburg FL 85 Zip Code 33703

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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HUGHES, EDWARD J, JR	
STREET ADDRESS	525 8TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	MCNULTY, SISTER JOHN KE	
STREET ADDRESS	6533 9TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, JAMES	
STREET ADDRESS	2030 DREW ST.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director, Vice President, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DEBORAH F. SCANLAN
2.3 STREET ADDRESS	4401 14th St NE
2.4 CITY-ST-ZIP	St. Petersburg, FL 33703
3.1 TITLE	Director, Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELIZABETH A. WALLACE
3.3 STREET ADDRESS	9150 Blind Pass Road
3.4 CITY-ST-ZIP	St. Pete Beach, FL 33706
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002524687
6.3 STREET ADDRESS	-05/15/98--01007--033
6.4 CITY-ST-ZIP	***70.00

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.

SIGNATURE Deborah F. Scanlan 4/29/90 813 526-3966

CR2E037 (10/97)