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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L53810

1. Corporation Name

Principal Place of Business

CHRISTIAN BUILDERS INC. OF MOUNT DORA

2104 SOUTH BAY STREET EUSTIS FL 32726 US		POST OFFICE BOX 1607 MOUNT DORA FL 32756-11307 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed								
						ļ	02/26	6/1990					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number						App	ied For
· •1		26			59-3015901					Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired					\$8.75 Acditional			
22		27			3.	Cerino	zie di Sialus Desirec	· ⊔		F	ee Red	Jired	
City & Stat	e	City & State	•			6.	Electio	on Campaign Financi	ng _		\$5	.00	√lay Be
23		28				<u> </u>	Trust F	Fund Contribution			Ac	ided to	Fees
Zip	Coun ry	Zip	Coun	try		8.	This co	orporation owes the o	urrent ye				
24	25	29 30				T elsolisi i topolis tax.					☐ Yes	5]No
	9. Name and Address of Curren	t Registered Agent				10.	Name	and Address of Ne	w Regis	tere I A	gent		
	100 10 OLIABIES S		[31	Name								
	WER JR., CHARLES C.		18	32	Street Ad Iress (P.O. Box Number is Not Acceptable)								
	SOUTH BAY STREET												
EUS	TIS FL 32726		8	33									
				34	City						85	Zip C	ode
					•					FL		•	
office or r agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	uthorized I	ov t	the corporation	oratior on's bo	ard of	directors. I hereby ac	cept the	app sint	ment	as reg	istered
SIGNATURE	Signature, typed or printed nar ie of registered ager	t and title if applicable. (NOTE	Registered A	gent	t signature require	d when r	einstating))	D	ATE			<u> </u>
12.		C DIRECTORS	13.	-		-	ADDITI	CNS/CHANGES TO	OFFICE	RS / NC	DIR	ECTO	RS IN 12
TITLE			1.1 TITL	1.1 TITLE							Ch	ange	Addition
NAME	BREWER, CHARLES C.		1.2 NAM	IE									
STREET ADDRESS	TEV. 10 OT		1.3 STR	EET	ADDRESS								
CITY-ST-ZIP			1.4 CITY	1.4 CITY-ST-ZIP									
TITLE	D	☐ DELETE	2.1 TITL	E					_		Ch.	ange	☐ Addition
NAME	•			2.2 NAME									l
STREET ADDRESS		2.3		2.3 STREET ADDRESS									
CITY-ST-ZIP	TAVARES FL		2. 4 CIT	Y-ST	T-ZIP								
TITLE	PD	☐ DELETÉ	3 1 TITL	_			•		·		☐ Ch	ange	Addition
NAME	BREWER, CHARLES C. JR.		32 NAM	ŧΕ									
STREET ADORE: S	ALAL O DAY OTOPET		33 STR	EET.	ADDRESS								
CITY-ST-ZIP	EUSTIS FL		3.4. CIT	Y-ST	T-ZIP								
TITLE	STD	☐ DELETE	4 1 TITL								☐ Ch	ange	Addition '
NAME	BREWER, SHARON G.		4. 2 NA	ИE									i
STREET ADDRES S	SACL O. DAY OTDEET				ADDRESS								
CITY-ST-ZIP	EUSTIS FL		4.4 CITY	/-ST	-7IP								
TITLE	200110 1 2	☐ DELETE	5.1 TITL								Ch	ange	Addition
NAME			5.2 NAM	ŧΕ									
STREET ADDRESS			5.3 STR	EET.	ADDRESS								
			54 CITY	/- ST	-ZIP								
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL								☐ Ch	ange	Addition
NAME		_	6.2 NAM	Æ				•					
			6.3 STR	EET.	ADDRESS								
STREET ADDRES S	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										

SIGNATURE:

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or on an attachment with an address, with all other like empowered.

Daytime Phone #

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90013 027 ***150.00