

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-05-2004 90013 034 ***150.00

DOCUMENT # 447976

1. Entity Name
CHRISTIAN ENTERPRISES INCORPORATED



Principal Place of Business
**5000 SE FED HWY., STUART, FL
P.O. BOX 3161
TEQUESTA, FL 33469**

Mailing Address
**5000 SE FED HWY., STUART, FL
P.O. BOX 3161
TEQUESTA, FL 33469**



DO NOT WRITE IN THIS SPACE

01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1667834

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**FIELDS, JORDAN
416 BALBOA STREET
STUART, FL 33458**

**DO NOT WRITE
IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
MANTWILL, DAVID A.
6 CONCOURSE DR, POB 3161
TEQUESTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
MANTWILL, PAULINE T.
6 CONCOURSE DR, POB 3161
TEQUESTA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pauline Mantwill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 *561-746-0170*
Date Daytime Phone #