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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90096 028 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 716029**

1. Corporation Name

**PEOPLE FOR CHRIST, INC.**

Principal Place of Business

3751 S. SCHOOL AVE.  
UNIT 24  
SARASOTA FL 34239  
US

Mailing Address

15 PARADISE PLAZA  
#176  
SARASOTA FL 34239  
US



2. Principal Place of Business

21 **15 Paradise Plaza #176**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.  
**#176**

27 City & State

23 **Sarasota FLA. USA**

28 Zip

24 **34239**

Country

29 Zip

Country

3. Date Incorporated or Qualified

**02/11/1969**

4. FEI Number

**23-7017840**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**FUGAZZI, HELEN ALEXANDER**  
**3751 S. SCHOOL AVE.**  
**SUITE 24**  
**SARASOTA FL 34239**

10. Name and Address of New Registered Agent

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 **Helen A. FUGAZZI**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

**1-28-99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **FUGAZZI, HELEN A**  
STREET ADDRESS **3751 S. SCHOOL AVE., UNIT 24**  
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☐ DELETE  
NAME **MILLER, SUSAN L**  
STREET ADDRESS **20690 CEDAR VIEW DR**  
CITY-ST-ZIP **FORESTHILL CA 95631**

TITLE **D** ☐ DELETE  
NAME **WALKER, SHARLENE M.**  
STREET ADDRESS **3751 S SCHOOL AVE #24**  
CITY-ST-ZIP **SARASOTA, FL 34239**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: **Helen A. FUGAZZI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/198)