## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743694** 

(2)

## FILED Jan 21 1998 8:00am Secretary of State

1. Corporati	on Name	. , ,,,,,,,		\ <del>-</del> /					]					
KASHI CHURCH FOUNDATION, INC.														
10.01.			107											
Principal Place of Business Mailing Address									]					
Principal Pla	ce or Busines	S	Mailing Ad	aaress										
11155 ROSELAND RD 11155 ROSELAND RD						3. Date Incorporated or Qualified								
Sebastian Fi   US	. 32958		SEBASTIAN US	SEBASTIAN FL 32958						07/24/1978				
00			UG						4.	FEI Number			Apr	olied For
										59-1850384		E	Not	Applicable
<b>⊢</b> '	Place of Busin		H					5.	Certificate of Status Desired	X	\$8.	<b>75</b> A	dditional	
21		26					L			Fe	ee Rec	guired		
Suite, Apt	. #, etc.		Suite, Apt. #, etc.					6.	Election Campaign Financing			<b>00</b> м		
City & Sta	ita		27 City 8 State					-	Trust Fund Contribution			led to	· · · · · · · · · · · · · · · · · · ·	
23	110	28	City & State					7- Is this nonprofit corporation a homeowners association?						
Zip		Country					Country						11	
24		25	29		30	<i></i> 111.7			0.	This corporation owes or has p Personal Property Tax due June		rrent yea □ Yes		ngibie No
		and Address of Curre		gent	1301	1			10.	Name and Address of New Ro			_=	.10
				<del></del>		81	Name	e e e e e e e e e e e e e e e e e e e		· · ·				
EVANS, JOHN G.							C1	A A al al a a	/D	O Day March as in Mat Assessed	h-1-1			
11155 ROSELAND ROAD						82	Stree	t Adare:	SS (P	O. Box Number is Not Accepta	DIe)			
ROSELAND FL 32957						83								
NOOLEAND I E 0200)														
						84	City				FL	85	Zip C	ode
11. Pursuant	to the provisi	ons of Sections 617,050	02 and 617.1508,	, Florida Statut	es, the a	pove	-name	d corpo	ration	submits this statement for the	purpose o	f changi	ng its	registered
office or agent. I a	registered ag am familiar wi:	ent, or both, in the State th, and accept the oblig	i of Florida. Such lations of, Section	i change was a n 617.0503, Fk	authorize orida Stat	a by tutes	the co	rporatio	กรท	n submits this statement for the loard of directors. I hereby acce	pt the app	ointmen	it as re	egisterea
SIGNATURE			•											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: if						Registered Agent signature require					DATE			
12.		OFFICERS AN	ID DIRECTORS				13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	PD			DELETE	1,1 TI							Char	nge	Addition
NAME	EVANS,				1,2 N/	4ME		1						
STREET ADDRESS		OSELAND RD					1.3 STREET ADDRESS							
CîTY - ST - ZîP		AN FL 32958	<del></del>				1.4 CITY-ST-ZIP							<u></u>
TITLE	TD			☐ DELETE	21 TI							∐ Char	nge	Addition Addition
NAME	PARKER,			ł			2.2 NAME							
STREET ADDRESS	1	OSELAND RD		■ '			2.3 STREET ADDRESS							
CITY-ST-ZIP		AN FL 32958					2. 4 CITY~ST-ZIP					T 01.		I Address
TITLE	SD LIFETHER CINDY						TITLE					Char	ige	Addition
NAME					3.2 NA									
STREET ADDRESS	1 11100 1100 110						TREET ADDRESS							
CITY-ST-ZIP							3.4. CITY-ST-ZIP					T nu-		Addition
TITLE	C	N HOUSE	i		4.1 TD	_						Char	ige	Addition
NAME	1	N, MICHAEL			4. 2 N									
STREET ADDRESS	11155 Kt	DSELAND ROAD			4,3 ST	REET :	ADDRESS	1						

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 of 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 of 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 charged or man attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5,4 CITY-ST-ZIP

5,1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

SEBASTIAN FL

**遠水江URE REQUIRED** 

DELETE

DELETE

1/3/98 561-589-1403

CR2E037 (10/97)

☐ Addition

\_\_\_\_ Addition

Change