FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752803** **(7)**

1. Corporation Name
CHRISTIAN ENDOWMENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~1520 EDGEWATER DRIVE, SUITE 0~~ ~~P.O. BOX 540144~~ ~~ORLANDO FL 32854~~	~~1520 EDGEWATER DRIVE, SUITE J~~ ~~P.O. BOX 540117~~ ~~ORLANDO FL 32854~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1980
9a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2093912 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 1387	26 P.O. Box 1387
Suite, Apt. #, etc. 22 2766 E. SR 44	Suite, Apt. #, etc. 27 2766 E SR 44
City & State 23 Eustis Florida	City & State 28 Eustis, Florida
Zip 24 32726 Country 25	Zip 29 32727 Country 30

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DORMAN, PETER T. 35849 CR 439 EUSTIS FL 32726	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	MAFFETT, DAN	12 NAME	
STREET ADDRESS	2865 MARSALA CRT.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	GILSTRAP, L A	22 NAME	
STREET ADDRESS	3012 MERCY DR	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	S/D	31 TITLE	☐ Change ☐ Addition
NAME	SHILLING, MARCIA	32 NAME	
STREET ADDRESS	1818 IVANHOE RD	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	MD	41 TITLE	☐ Change ☐ Addition
NAME	DORMAN, PETER T.	42 NAME	
STREET ADDRESS	35849 CR 439	43 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	44 CITY-ST-ZIP	
TITLE	T/D	51 TITLE	☐ Change ☐ Addition
NAME	STRIMEL, ROSIER E	52 NAME	
STREET ADDRESS	6804 TAMARIND CIR	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kelly T. Dorman Exec Director 4/29/95 904 357-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033811