## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 758628

(2)

	IDO CHRISTIAN PRIVATE A			
Principal Place of		Mailing Address		
7200 EMERSON RD 7200 EMERSON RO BROOKSVILLE FL 34801-5736 BROOKSVILLE FL 34801-			1-5736	
				3. Date Incorporated or Qualified 06/03/1981 3a. Date of Last Report 05/01/1995
2. Principal Plac		2a. Mailing Address 26		4. FEI Number
Suite, Apt. #, 22	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30	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
SPRING HILL FL 34607  82 Street Addr 263  83				Peterson, James H. Address (P.O. Box Number is Not Acceptable) 2307 Mountain Lake Road
11. Pursuant to or registere familiar with	the provisions of Sections 617.0502 d agent, or both, in the State of Florid	and 617.1508, Florida Statut a. Such change was author on 617.0503, Florida Statutes	on the shown named on	Brooksville FL 85 Zp Code 34602 proration submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE -	amusta felluso	JAMES H.	PETEESON  TE: Registered Agent signature re	4-26-96
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	/PD	DELETE	1.1 TITLE	Change Addition
NAME 4	PETERSON, JAMES H.		1.2 NAME	
STREET ADDRESS CITY-ST-ZIP	26307 MOUNTAIN LAKE RD. BROOKSVILLE FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS	VD WHATLEY, RAMONA 23324 SINGER LANE	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Treasurer/Director Change Addition Ramon white Per Lane
CITY-ST-ZIP	BROOKSVILLE FL		2. 4 CITY-ST-ZIP	Brooksville, FL
TITLE NAME	TD BUTLER, FRANCES	DELETE	3.1 TITLE 3.2 NAME	Vice President/Director 12 Change Addition
STREET ADDRESS CITY-ST-ZIP	18138 EDGEWOOD DRIVE SPRING HILL FL		3.3 STREET ADDRESS 3.4. City-St-Zip	Holzaepfel, John 27128 Red Fox Dr Brooksville FL
TITLE	SD	DELETE	41 TITLE	Change Addition
NAME	GLOVER, STUART		4. 2 NAME	
STREET ADDRESS	7505 JOMEL DRIVE		4.3 STREET ADDRESS	
CITY - ST - ZIP	SPRING HILL FL	——————————————————————————————————————	4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY - ST - ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		<del></del>	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. I do hereby certify that oath: that I	the information indicated on this annu	ial report or supplemental and ration or the receiver or truste	nual report is true and ac se empowered to execut	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further scurate and that my signature shall have the same legal effect as if made under this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: SIGNATURE AND T

AMES H. PETERSON Y-28-96

352/796-0616