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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 758823

(9)

1. Corporation Name

CHRIST IS LORD, INC.



Principal Place of Business

Mailing Address

109 KNOLLCREST DR.
P.O. BOX 915198 327915198
LONGWOOD FL 32779

109 KNOLLCREST DR.
P.O. BOX 915198 327915198
LONGWOOD FL 32779-2449

3. Date Incorporated or Qualified
06/17/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WERTHMAN, REV DR THOM
109 KNOLLCREST DRIVE
LONGWOOD FL 32779

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME WERTHMAN, REV DR THOM
STREET ADDRESS 109 KNOLLCREST DRIVE
CITY-ST-ZIP LONGWOOD FL

TITLE VD ☐ DELETE

NAME WERTHMAN, MR DALE M
STREET ADDRESS 109 KNOLLCREST DR.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ DELETE

NAME PODELL, NORMA
STREET ADDRESS 75 INDIAN COUNTRY
CITY-ST-ZIP GOULDSBORO PA 18424

TITLE SD ☐ DELETE

NAME RATCLIFFE, ANNE
STREET ADDRESS 4 GEORGE STREET, RHYDE
CITY-ST-ZIP ISLE OF WIGHT EN

TITLE D ☐ DELETE

NAME MCGUIRE, JOE
STREET ADDRESS 117 PERRY ST.
CITY-ST-ZIP NYC NY 10014

TITLE D ☐ DELETE

NAME SERGE, L. MARY
STREET ADDRESS 587 PORTLAND CIRCLE
CITY-ST-ZIP APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Signature and typed or printed name of signing officer or director

Date

4/1/97

Daytime Phone # 0012026

CR2E037 (9/96)