

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 109 KNOLLCREST DR. P.O. BOX 915198 LONGWOOD FL 32779	Mailing Address 109 KNOLLCREST DR. P.O. BOX 915198 LONGWOOD FL 32779
--	--

3. Date Incorporated or Qualified 06/17/1981		
4. FEI Number 59-2151726	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO. Box 915198
22 City & State	27 LONGWOOD
23 Zip	28 FL
24 Country	29 32791
	30 SEMINOLE

9. Name and Address of Current Registered Agent

**WERTHMAN, REV DR THOM
109 KNOLLCREST DRIVE
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTHMAN, REV DR THOM	1.2 NAME	
STREET ADDRESS	109 KNOLLCREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTHMAN, MR DALE M	2.2 NAME	
STREET ADDRESS	109 KNOLLCREST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODELL, NORMA	3.2 NAME	
STREET ADDRESS	75 INDIAN COUNTRY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDSBORO PA 18424	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATCLIFFE, ANNE	4.2 NAME	
STREET ADDRESS	4 GEORGE STREET RYDE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLE OF WIGHT EN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, JOE	5.2 NAME	
STREET ADDRESS	117 PERRY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NYC NY 10014	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGE, L. MARY	6.2 NAME	
STREET ADDRESS	587 PORTLAND CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTHMAN, REV DR THOM	1.2 NAME	
STREET ADDRESS	109 KNOLLCREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTHMAN, MR DALE M	2.2 NAME	
STREET ADDRESS	109 KNOLLCREST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODELL, NORMA	3.2 NAME	
STREET ADDRESS	75 INDIAN COUNTRY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDSBORO PA 18424	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATCLIFFE, ANNE	4.2 NAME	
STREET ADDRESS	4 GEORGE STREET RYDE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISLE OF WIGHT EN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, JOE	5.2 NAME	
STREET ADDRESS	117 PERRY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NYC NY 10014	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGE, L. MARY	6.2 NAME	
STREET ADDRESS	587 PORTLAND CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	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.

SIGNATURE: *Dr. Thom Werthman* **2/2/98 407 7880110**

CP2E037 (10/97)