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

NONPROFIT **CORPORATION** ANNUAL REPORT



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(9)

## **FILED** Apr 06 1998 8:00am Secretary of State

	ASSEMBLY CHRISTIAN S							
Principal Place	e of Business	Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		#### #### #### ##### #################	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
306 GERONIMO DESTIN FL 32541		PO BOX 1536 SANTA ROSA BCH. FL 32459			rporated or Qualified	·········		
				4. FEI Numb	er		A	oplied For
				59-2	157244		N.	ot Applicable
2. Principal PI	lace of Business	2a. Mailing Address 26		5. Certificate	of Status Desired			Additional equired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election C	ampaign Financing		\$5.00	May Be
22		27			d Contribution		Added to	
City & State	Ð	City & State		7. Is this nor	profit corporation a h			n?
Zip	Country		Country			Yes 📗		
4 <sup>2</sup> P	25	29	30		oration owes or has p Property Tax due June			tangible ]] No
<u></u>	9. Name and Address of Curr		1301		d Address of New Re			3 110
			81 Nam					
ARNETT	, TOY R., JR.			<del></del>				
191 LOO			62 Stree	t Address (P,O. Box N	imber is Not Accepta	iple)		
	ROSA BEACH FL 32459		83					
<b>4</b> , <b>-</b> 11, 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				·			
			84 City			FL	85 Zip	Code
=	to the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	0502 and 617.1508, Florida Statu ate of Florida. Such change was digations of, Section 617.0503, Fl	tes, the above-name authorized by the co lorida Statutes.	a corporation submits rporation's board of di	ectors. I hereby acce	pt the appoir	ntment as	registered
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent signate	re required when reinstating)		DATE		
SIGNATURE _	Signature, typed or printed name of registered			re required when reinstating)	ectors. I hereby acce	DATE ICERS AND D		RS IN 12
SIGNATURE _	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable. (NO	TE: Registered Agent signate	re required when reinstating)		DATE ICERS AND D	DIRECTOR	RS IN 12
SIGNATURE _ 12. TITLE	Signature, typed or printed name of registered OFFICERS /	agent and title if applicable. (NO	TE: Registered Agent signate 13. 1.1 TITLE	we required when reinstating?  ADDITION:		DATE ICERS AND D	DIRECTOR	RS IN 12
SIGNATURE _	Signature, typed or printed name of registered OFFICERS A PD ARNETT, TROY R., JR.	agent and title if applicable. (NO AND DIRECTORS DELETE	TE: Registered Agent signate 13. 1.1 TITLE 1.2 NAME	we required when reinstating?  ADDITION:		DATE ICERS AND D	DIRECTOR	
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