

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90134 010 \*\*\*\*61.25

DOCUMENT # 769257

1. Corporation Name

CHRISTIANITY MAGAZINE, INC.

Principal Place of Business

1427 PARENTAL HOME RD.  
JACKSONVILLE FL 32216

Mailing Address

1427 PARENTAL HOME RD.  
JACKSONVILLE FL 32216

219074 - 90134 - 10 4 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/01/1983

4. FEI Number

59-2330795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

QUESADA, A. AUGUST JR.  
200 W. FORSYTH ST.  
SUITE 800  
JACKSONVILLE FL 33202

10. Name and Address of New Registered Agent

81 Name ROBERT H. HARDAGE

82 Street Address (P.O. Box Number is Not Acceptable)

1427 PARENTAL HOME RD

83

84 City JACKSONVILLE

FL

85 Zip Code 32216

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 Robert H. Hardage, TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

3/11/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HARRELL, DAVID E JR  
STREET ADDRESS 1309 GATEWOOD DR. #705  
CITY-ST-ZIP AUBURN AL 36830

TITLE D  
NAME HARRELL, ADELIA  
STREET ADDRESS 1309 GATEWOOD DR. #705  
CITY-ST-ZIP AUBURN AL 36830

TITLE TD  
NAME HARDAGE, ROBERT H  
STREET ADDRESS 1427 PARENTAL HOME RD  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE SD  
NAME HARDAGE, MARILYN H  
STREET ADDRESS 1427 PARENTAL HOME RD.  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D  
NAME BOWMAN, DEE  
STREET ADDRESS 229 WEST CLARE  
CITY-ST-ZIP DEER PARK TX 77536

TITLE D  
NAME BOWMAN, NORMA  
STREET ADDRESS 229 WEST CLARE  
CITY-ST-ZIP DEER PARK TX 77536

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 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, with all other like empowered.

SIGNATURE: Robert H. Hardage, Robert H. Hardage 3/11/99 (904) 7255903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)