

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Jul 26 1996 8:00 am  
Secretary of State

DOCUMENT # **769429** (2)

1. Corporation Name

THE CHRISTIAN COMPLEX, INC.

Principal Place of Business

307 S. STATE STREET  
BUNNELL FL 32110-0400

Mailing Address

P.O. BOX 1400  
BUNNELL FL 32110

3. Date Incorporated or Qualified  
**07/18/1983**

3a. Date of Last Report  
**06/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

**59-2327756**

Applied For  
Not Applicable

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5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

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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

CHEAL, NANCY J.  
307 SOUTH STATE STREET  
BUNNELL FL 32010

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHEAL, NANCY J., REV.	
STREET ADDRESS	307 SOUTH STATE STREET	
CITY - ST - ZIP	BUNNELL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHEAL, GERALD A.	
STREET ADDRESS	307 SOUTH STATE STREET	
CITY - ST - ZIP	BUNNELL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEWTON, JANET	
STREET ADDRESS	300 N. 3RD ST.	
CITY - ST - ZIP	FLGLER BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STEWART, ROSE A.	
STREET ADDRESS	3130 UNITY TREE DRIVE	
CITY - ST - ZIP	EDGEWATER FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HARALAMBUS, BETTY (ASST)	
STREET ADDRESS	2237 S. DAYTONA AVE.	
CITY - ST - ZIP	FLGLER BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HARALAMBUS, RICHARD	
STREET ADDRESS	2237 S. DAYTONA AVE.	
CITY - ST - ZIP	FLGLER BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Nancy J. Cheal* (Nancy J. Cheal)

7/19/96

904-437-3431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)