

FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837697 (2)
1. Corporation Name
REGGIE KILLOUGH'S CHRIST TEAM, INC.



Principal Place of Business 1256 8TH ST DAYTONA BEACH FL 32114 US	Mailing Address P O BOX 265010 DAYTONA BEACH FL 32126-5010 US
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3. Date Incorporated or Qualified 01/14/1977		
4. FEI Number 56-0990367	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 checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KILLOUGH, REGGIE
18 VANDERBILT PL
PALM COAST FL 32184**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 680 Ocean Shore Blvd.	
83	
84 City Ormond Beach	85 Zip Code FL 32176

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KILLOUGH, REGGIE		1.2 NAME	
STREET ADDRESS 13 VANDERBILT PT		1.3 STREET ADDRESS 680 Ocean Shore Blvd.	
CITY-ST-ZIP PALM COAST FL		1.4 CITY-ST-ZIP Ormond Beach, FL 32176	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RANEW, DAVID		2.2 NAME	
STREET ADDRESS 320 JEFFERSON ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT ORANGE FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KILLOUGH, SHIRLEY		3.2 NAME	
STREET ADDRESS 13 VANDEBILT P.		3.3 STREET ADDRESS 680 Ocean Shore Blvd.	
CITY-ST-ZIP PALM COAST FL		3.4 CITY-ST-ZIP Ormond Beach, FL 32176	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOOTH, DENNIS		4.2 NAME	
STREET ADDRESS 63 MAIN STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP FARMINGDALE NJ		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Reggie Killough* **Reggie Killough 5-1-98 904-255-4357**

CR2E037 (10/97)