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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837697

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/14/1977
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-0990367
24	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

KILLOUGH, REGGIE
680 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KILLOUGH, REGGIE	1.1 TITLE	
NAME	680 OCEAN SHORE BLVD	1.2 NAME	
STREET ADDRESS	ORMOND BEACH FL 32176	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD RANEW, DAVID	2.1 TITLE	
NAME	320 JEFFERSON ST.	2.2 NAME	
STREET ADDRESS	PORT ORANGE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D KILLOUGH, SHIRLEY	3.1 TITLE	
NAME	680 OCEAN SHORE BLVD	3.2 NAME	
STREET ADDRESS	ORMOND BEACH FL 32176	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD BOOTH, DENNIS	4.1 TITLE	
NAME	63 MAIN STREET	4.2 NAME	
STREET ADDRESS	FARMINGDALE NJ	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D Colette Heck	5.1 TITLE	
NAME	1141 S. Ridgewood Ave.	5.2 NAME	
STREET ADDRESS	Daytona Beach, FL 32114	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

904-441-6018

Daytime Phone #

CR2E037 (11/98)