FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

141

1. Corporation Name # 855922 (1)										
CHRIS	T FOR YO	DU EVANGELISTIC	ASSOCIATION, INC.				A LAGISTIAN AND AND AND AND AND AND AND AND AND A			
Principal Place of Business			Mailing Address				I SOBSON SOSON SISTON MINIO VENIO SIBSE	iidi ofdii o	idiy oyen dagal di	AN DIEN FOOL
NC. NC.							3. Date Incorporated or Qualified			
10791 NW 21ST PLACE			10791 NW 21ST PLACE				03/25/1983			
CORAL SPRING	3S FL 33071		CORAL SPRINGS FL 33071				4. FEI Number		At	pplied For
							04-2724255			ot Applicable
2. Principal Place of Business			2a. Mailing Address				5. Certificate of Status Desired			Additional
Suite, Apt. #. etc.			Suite, Apt. #, etc.				C Florida Occasion Financia			equired
22			27				6. Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to	
City & State			City & State				7. Is this nonprofit corporation a h			
23		r	28						⊠ №	
Zip		Country	Zip	Country	<i>r</i>		8. This corporation owes or has pa			
24 25 9. Name and Address of Current R							Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
	4. (40)	and Address of Caller	it uodistalan wäatit	81	Name		IV. Name and Address of New Re	gisterec	Agent	
TADDIN/	O CTEWAD	T C 1D								
TOPPING, STEWART E., JR. 10791 NW 21ST PLACE			82 Street			Addres	s (P.O. Box Number is Not Acceptal	ble)		
CORAL SPRINGS FL 33071				83					· · · · · · · · · · · · · · · · · · ·	
	3			84	City				les Zin	Codo
;					'			FL	_ ` `	Code
office of i	regi ste red ag	gent, or both, in the State	02 and 617.1508, Florida Statutes of Florida. Such change was au ations of, Section 617.0503, Flori	thorized by	/ the carp	corpor oration	ation submits this statement for the jobs board of directors. I hereby acce	ourpose op pt the ap	of changing it pointment as	is registered registered
SIGNATURE										
12.	Signature, typed	or printed name of registered age OFFICERS AN		Registered Age	ent signature	required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AN	n DIRECTOR	Q IN 12
TITLE	PD	OF FIGURE	DELETE	1.1 TITLE	Т		NOONIONO NAMED TO OFFI	JENO AN	Change	Addition
NAME	. –	3, STEWART E., JR.		1.2 NAME						
STREET ADDRESS	1			1.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL	SPRINGS FL		1.4 CITY-S	T-ZIP					
TITLE	10		☐ DELETE	2.1 TITLE	ĺ		7.7		Change	Addition
NAME	TOPPING, CAROLYN L.			2.2 NAME						
STREET ADDRESS		W 21ST PLACE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	QURAL S	SPRINGS FL	☐ DELETE	2. 4 CITY - S	ST-ZIP				Change	4 3390
TITLE NAME	GEYER,	JAMIE	☐ DEFEIE	3.1 TITLE					∟ ∪nangê	Addition
STREET ADDRESS		V 40TH ST		3.2 NAME 3.3 STREET	ADODECC					
CITY-ST-ZIP		SRPIGNS FL		3.4. CITY - 9						
TITLE	D	*** 10/10 1 F	DELETE	4.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\ \		Change	Addition
NAME	GEYER,	REGINA		4. 2 NAME						
STREET ADDRESS		V 40TH ST		4.3 STREET	ADDRESS					
CITY-ST-ZIP	OORAL S	SPRINGS FL		4.4 CITY-S	T-ZIP					
TITLE			DELETE	5.1 TITLE				-	☐ Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	address					
CITY-ST-ZIP			1 50000	5.4 CITY - S	T-ZIP				T1 2	
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME expect approve	<u>\$</u> -			6.2 NAME						
STREET ADDRESS	:			6.3 STREET	- 1					

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:

FILED

Jul 16 1998 8:00am

Secretary of State