

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**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90037 016 \*\*\*\*61.25

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**DOCUMENT # 855922**

1. Corporation Name

**CHRIST FOR YOU EVANGELISTIC ASSOCIATION, INC.**

567906 - 90037 - 10

Principal Place of Business  
NC.  
10791 NW 21ST PLACE  
CORAL SPRINGS FL 33071

Mailing Address  
NC.  
10791 NW 21ST PLACE  
CORAL SPRINGS FL 33071



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/25/1983

4. FEI Number

04-2724255

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

**TOPPING, STEWART E., JR.**  
**10791 NW 21ST PLACE**  
**CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

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 **PD** ☐ DELETE  
NAME **TOPPING, STEWART E., JR.**  
STREET ADDRESS **10791 NW 21ST PLACE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **TD** ☐ DELETE  
NAME **TOPPING, CAROLYN L.**  
STREET ADDRESS **10791 NW 21ST PLACE**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ DELETE  
NAME **GEYER, JAMIE**  
STREET ADDRESS **7514 NW 40TH ST**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ DELETE  
NAME **GEYER, REGINA**  
STREET ADDRESS **7514 NW 40TH ST**  
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **MARK PREVOST** ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **MARK PREVOST**  
2.3 STREET ADDRESS **327 WATER OAK RD**  
2.4 CITY-ST-ZIP **BRANDON MS 39042**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **SANDRA PREVOST**  
3.3 STREET ADDRESS **327 WATER OAK RD**  
3.4 CITY-ST-ZIP **BRANDON MS 39042**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/99

Date

954-755-0334

Daytime Phone #

CR2E037 (1/98)