

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90195 032 ****61.25

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1. Corporation Name

FAMILY CHRISTIAN MINISTRIES, INCORPORATED

Principal Place of Business

6316 SAN JUAN AVENUE
SUITE #25
JACKSONVILLE FL 32210
US

Mailing Address

6316 SAN JUAN AVENUE
SUITE #25
JACKSONVILLE FL 32210
US

3 9 1 6 5 7
391657 - 90195 - 32



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/22/1993

4. FEI Number

58-1279286

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

CASTANEN, KENNETH R
2809 BULLS BAY HIGHWAY
JACKSONVILLE FL 32220

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 **D** ☐ DELETE
NAME **ATKINSON, ROBERT**
STREET ADDRESS **8032 VIRGO STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE
NAME **NEWBERG, JUDITH**
STREET ADDRESS **4622 WHEELER AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **P** ☐ DELETE
NAME **CASTANEN, KENNETH R**
STREET ADDRESS **2809 BULLS BAY HIGHWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE **S** ☐ DELETE
NAME **CASTANEN, HELEN P**
STREET ADDRESS **2809 BULLS BAY HIGHWAY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **CASTANEN, GERALD**
STREET ADDRESS **113 BURNSIDE STREET**
CITY-ST-ZIP **JONESBORO GA**

TITLE **T** ☐ DELETE
NAME **STEINMETZ, JOHN**
STREET ADDRESS **5235 LEXINGTON AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Tamra Steinmetz**
1.3 STREET ADDRESS **5235 Lexington Ave.**
1.4 CITY-ST-ZIP **Jacksonville, FL. 32210**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Nancy Castanien**
2.3 STREET ADDRESS **113 Burnside St.**
2.4 CITY-ST-ZIP **Jonesboro, Ga. 30236**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Robert Silas**
3.3 STREET ADDRESS **410 Druid St.**
3.4 CITY-ST-ZIP **Jacksonville, FL. 32254**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Gina Silas**
4.3 STREET ADDRESS **410 Druid St.**
4.4 CITY-ST-ZIP **Jacksonville, FL. 32254**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99
Date

904-781-5906
Daytime Phone #

CR2E037 (1/98)