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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002107 (1)

1. Corporation Name
CHRISTIAN CHILDREN'S FUND, INCORPORATED

Principal Place of Business	Mailing Address
2021 EMERYWOOD PARKWAY RICHMOND VA 23274	2021 EMERYWOOD PARKWAY RICHMOND VA 23274

3. Date Incorporated or Qualified: 05/03/1993

4. FEI Number: 54-0536100 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 23294 / Country 25	Zip 29: 23294 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COB	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FORBES, BETTY		1.2 NAME		
STREET ADDRESS	301 RIVER'S BEND CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTER VA		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, DAVID		2.2 NAME		
STREET ADDRESS	700 ORTHOPAEDIC DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WARSAW IN		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HINTZ, ROBERT MR.		3.2 NAME		
STREET ADDRESS	10002 WALSHAM COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23233		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DE JARNETTE, JR E		4.2 NAME		
STREET ADDRESS	400 SOUTH JAMES ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ASHLAND VA		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCULLOUGH, MARGARET		5.2 NAME		
STREET ADDRESS	11209 EASTBOROUGH CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA		5.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, WILLIAM		6.2 NAME		
STREET ADDRESS	1215 CONFEDERATE AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23227		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Margaret McCullough Vice President 2-3-98 804-756-2701