

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000006452 (6)

1. Corporation Name

CRISTEVANA CHARTERS, INC.

Principal Place of Business

**1508 ISLAMORADA BLVD.
PUNTA GORDA FL 33955**

Mailing Address

**1508 ISLAMORADA BLVD.
PUNTA GORDA FL 33955**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9:20

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/19/1994		3a. Date of Last Report	
4. FEI Number 51-0319621		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	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBER, CHARLES
1508 ISLAMORADA BLVD.
PUNTA GORDA FL 33955**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, CHARLES W	1.2 NAME	
STREET ADDRESS	1508 ISLAMORADA BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	COUNTRY MAN, CHRISTINA	2.2 NAME	
STREET ADDRESS	15 EAST RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SHOKON NY	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EATON, VANESSA	3.2 NAME	
STREET ADDRESS	17070 DOWNING ST. APT 201	3.3 STREET ADDRESS	
CITY - ST - ZIP	GATHERSBURG MD	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John

Exempt From 8