FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # H80562

(2)

Mailing Address

P F C (PAINTERS FOR CHRIST), INC.

FILED Apr 21 1998 8:00am Secretary of State

| DO NOT WRITE IN TH | IS SPACE |
|--------------------------------|-------------|
| Date Incorporated or Qualified | |
| 10/14/1985 | |
| FEI Number | Applied For |

| 3332 CAT CAY RD LAKE WORTH FL 33462 | | 3332 CAT CAY RD LAKE WORTH FL 33462 | | DO NOT WRITE IN THIS SPACE | | |
|--|--|--|-------------|---|--|-----------------------------|
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 10/14/1985 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 59-2643493 | Not Applicable |
| Suite, Apt | , etc. | Suite, Apt. #, etc. | | | 4- | \$8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Required |
| City & State |) | City & State | | | 6, Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Count | ry | 8. This corporation owes or has paid th | ne currept year Intangible |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yes 🔲 No |
| | 9. Name and Address of Curre | ent Registered Agent | | | 10. Name and Address of New Regist | ered Agent |
| IFA | RY, JOAN | | 8 | 1 Name | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | E WORTH FL 33462 | | 0 | Street Address (F.O. Box Number is Not Acceptable) | | |
| l LAN | E WORTH PE 35402 | | 8 | 3 | | |
| | | | | 1 | | |
| } | | | 8 | 4 City | | FL 85 Zip Code |
| 44 Directors | to the provisions of Sections 607.05 | 602 and 607 1508 Florida Statute | s the abo | ve-pamed cor | rporation submits this statement for the purp | |
| office or re | egistered agent, or both, in the Sta | te of Florida. Such change was a | uthorized I | by the corpora | rporation submits this statement for the purpation's board of directors. I hereby accept the | e appointment as registered |
| agen! I ai | m familiar with, and accept the obli | gations of, Section 607.0505, Fig | rida Statut | es. | | |
| SIGNATURE | | 0.010 | · D | | uired when reinstating) | DATE |
| 12. | Signature, typed or printed name of registered a | ND DIRECTORS | 13. | gent signatura requ | ADDITIONS/CHANGES TO OFFICER | |
| TITLE | DP OFFICERS R | DELETE | 1.1 TITLE | · · · · · · · · · · · · · · · · · · · | 7,001110110701771102010 | Change Addition |
| | •, | | 1.2 NAM | | | <u> </u> |
| NAME | LEARY, JAMES M | | | | | |
| STREET ADDRESS | 3332 CAT CAY RD | | | ET ADDRESS | | |
| CITY - ST - ZIP | LAKE WORTH FL 33462 | DELETE | 1.4 CITY | | | Change Addition |
| TITLE | DST | C DECEIE | 2.1 TITLE | | | |
| NAME | LEARY, JOAN K | | 2.2 NAM |] | | İ |
| STREET ADDRESS | 3332 CAT CAY RD | | | ET ADDRESS | | į |
| CITY-ST-ZIP | LAKE WORTH FL 33462 | | 2.4 CITY | | | Change Addition |
| TETLE | | ☐ DELETE | 31 TITLE | i i | | Change Addition |
| NAME | | | 3.2 NAM | | | |
| STREET ADDRESS | | | 3 3 STRE | ET ADDRESS | | • |
| CITY-ST-ZIP | | | 3.4. CITY | -ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | | 4.2 NAV | E | | 1 |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | · | |
| CITY-ST-ZIP | | | 4.4 CITY | - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAM | E | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | |
| TITLE | | DELETE | 6.1 TtTLE | | | Change Addition |
| NAME | | | 6.2 NAM | | | - |
| 1 | | | | ET ADDRESS | | |
| STREET ADDRESS | | | | ET TIO | | |
| | | | | | | |

14. Thereby 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 conormal or the receiver or trustee enopwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.