

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08060 (8)
1. Corporation Name
CHRISTBEARER MISSION CENTER, INCORPORATED



Principal Place of Business

Mailing Address

**839 KELL-AIRE DR.
DESTIN FL 32541**

**839 KELL-AIRE DR.
DESTIN FL 32541**

3. Date Incorporated or Qualified
03/08/1985

3a. Date of Last Report
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2637710

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBEE, CHRISTOPHER
839 KELL-AIRE DR.
DESTIN FL 32541**

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 **BARBEE, CHRISTOPHER**
STREET ADDRESS **839 KELL-AIRE DR.**
CITY - ST - ZIP **DESTIN FL**

TITLE **STD** ☒ DELETE
NAME **OSBORNE, MCCORMACK**
STREET ADDRESS **393 ANDREW DR.**
CITY - ST - ZIP **VALPARRISO FL 32580**

TITLE **VD** ☒ DELETE
NAME **VOTA, GEORGE E**
STREET ADDRESS **84 VOTA LANE**
CITY - ST - ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 **PD** ☒ Change ☐ Addition
1.2 NAME **DOB, EDUARDO**
1.3 STREET ADDRESS **6112 EASTON BLVD**
1.4 CITY - ST - ZIP **GOLF CREEK, FL 32561**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **BARBEE, CHRISTOPHER**
2.3 STREET ADDRESS **839 Kell-Aire Dr.**
2.4 CITY - ST - ZIP **Destin, FL 32541**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **Vota, George E**
3.3 STREET ADDRESS **84 Vota Lane**
3.4 CITY - ST - ZIP **Santa Rosa Beach, FL 32459**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Christopher Barbree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 May 96
Date

(904) 837-3399
Daytime Phone #

CR2E037 (12/95)