


**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90024 007 \*\*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # N09245

1. Corporation Name

**THE CHRISTIAN MEDIATION SERVICES OF FLORIDA, INC.**

Principal Place of Business	Mailing Address
% LOUISE H. MCMURRAY 11430 N.KENDALL DR.,STE. 247 MIAMI FL 33176	% LOUISE H. MCMURRAY 11430 N.KENDALL DR.,STE. 247 MIAMI FL 33176

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	10850 SW 113 PLACE	26	10850 SW 113 PLACE	05/13/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	SUITE 105	27	SUITE 105	59-2670019	Applied For
City & State		City & State		Not Applicable	
23	MIAMI, FL	28	MIAMI, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	33176	25	USA	29	33176
				30	USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MCMURRAY, LOUISE H 11430 N KENDALL DR. SUITE 226 MIAMI FL 33176		81	Name	Mc MURRAY, LOUISE H.	
		82	Street Address (P.O. Box Number is Not Acceptable)	10850 SW 113 PLACE	
		83		SUITE 105	
		84	City	MIAMI	FL

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 Louise H. McMurphy LOUISE H. McMURPHY 4/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRAY, LOUISE H	1.2 NAME	MCMURRAY, LOUISE H.
STREET ADDRESS	11430 N.KENDALL DR,#226	1.3 STREET ADDRESS	10850 SW 113 PL., STE 105
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33170
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRAY, JANET L	2.2 NAME	
STREET ADDRESS	8981 SW 142 AVE, BLDG 12, APT 38	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRAY, SEAN K	3.2 NAME	MCMURRAY, SEAN K
STREET ADDRESS	4503 BOCA DRIVE	3.3 STREET ADDRESS	3219 DEL MONTE CT.
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	FAIRFIELD CA 94533
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 RECORDED 9/13/99 (305) 279-7299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)