

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N12414 (1)

1. Corporation Name

CHRISTIANS UNLIMITED CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

4267-S SEMORAN BLVD
STE 22
ORLANDO FL 32822
US

PO BOX 621057
ORLANDO FL 32862-1057
US

3. Date Incorporated or Qualified

12/06/1985

4. FEI Number

59-2607798

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5635 Patricia Drive

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Orlando FL

29 City & State

24 Zip

25 Country

29 Zip

30 Country

32822

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWEN, BEVERLY

4267-S SEMORAN BLVD. #22
ORLANDO FL 32822

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5635 Patricia Drive

83

84 City

Orlando

FL

85 Zip Code
32822

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME OWEN, WALDEN

STREET ADDRESS 4267-S SEMORAN BLVD. #22

CITY-ST-ZIP ORLANDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5635 Patricia Drive

☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME BERG, MICHAEL

STREET ADDRESS 3325 GLEN VILLAGE CT

CITY-ST-ZIP ORLANDO FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME OWEN, BEVERLY

STREET ADDRESS 4267-S SEMORAN BLVD. #22

CITY-ST-ZIP ORLANDO FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

5635 Patricia Drive

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: WALDEN OWEN, Pres

Walden Owen

407 273 3246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #

CR2E037 (10/97)