

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N17358 (5)

1. Corporation Name

GUIDES FOR CHRIST, INC.

Principal Place of Business

C/O PAUL H. ROSBURY  
1773 PINWOOD ROAD  
MELBOURNE FL 32934-9021

Mailing Address

C/O PAUL H. ROSBURY  
1773 PINWOOD ROAD  
MELBOURNE FL 32934-9021



3. Date Incorporated or Qualified  
10/16/1986

3a. Date of Last Report  
06/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

4. FEI Number

59-2852534

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

ROSBURY, PAUL H.  
1773 PINWOOD ROAD  
MELBOURNE FL 32935

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  
NAME ROSBURY, PAUL H., SR.  
STREET ADDRESS 1773 PINWOOD RD.  
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE SD  
NAME ROSBURY, PATRICIA A.  
STREET ADDRESS 1773 PINWOOD RD.  
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE ~~DR~~  
NAME ~~BRADLEY, FRANCIS M.~~  
STREET ADDRESS ~~427 TIMBERLAKE DR.~~  
CITY-ST-ZIP ~~MELBOURNE FL~~ ☒ DELETE

TITLE ~~DR~~  
NAME ~~KOVACEVICH, ROBERT~~  
STREET ADDRESS ~~2007 RED BUG LAKE ROAD~~  
CITY-ST-ZIP ~~CASSELBERRY FL~~ ☒ DELETE

TITLE D  
NAME BUGGS JESSIE  
STREET ADDRESS 805 DAVIS ST.  
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

TITLE ~~DR~~  
NAME ~~LEHTON ROBERT~~  
STREET ADDRESS ~~3000 N. ATLANTIC AVE~~  
CITY-ST-ZIP ~~CASSELBERRY FL~~ ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*Paul Rosbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96

Date

407-259-0960

Daytime Phone #

CR2E037 (3/96)