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**Jun 16, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N19385**

1. Corporation Name

**CHRISTIAN DEVELOPMENT CENTER, INC.**

Principal Place of Business

1841 EVERGREEN AVENUE  
 JACKSONVILLE FL 32206  
 US

Mailing Address

1841 EVERGREEN AVENUE  
 JACKSONVILLE FL 32206  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/31/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2756832

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SEYMORE, ALISA P.  
 3432 UPHILL TERRACE  
 JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

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 POLLARD, DESSIE B., JR.  
 STREET ADDRESS 9453 SAPPINGTON AVE.  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE VD  DELETE  
 NAME POLLARD, PAULA L.  
 STREET ADDRESS 9453 SAPPINGTON AVE.  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE TD  DELETE  
 NAME BEATON, JOHNNIE MAE  
 STREET ADDRESS 1514 VAN BUREN STREET  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE MD  DELETE  
 NAME SEYMORE, ALISA P.  
 STREET ADDRESS 3432 UPHILL TERRACE  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE SD  DELETE  
 NAME PRESHA, GERALDINE P.  
 STREET ADDRESS 1052 E. 10TH STREET  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

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 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:

*[Handwritten Signature]* POLLARD JR 6/6/99 909 3583342

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)