1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N19385

1. Corporation Name

CHRISTIAN DEVELOPMENT CENTER, INC.

Principal Place of Busines
1841 EVERGREEN AVENUE JACKSONVILLE FL 32206
US

Mailing Address

1841 EVERGREEN AVENUE JACKSONVILLE FL 32206



06-16-1999 90016 015 ****61.25

Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State Zip Country Suite, Apt. #, etc. 4. FEI Number 59-2756832 LApplied For Not Applicable \$8.75 Additional Fee Required Fee Required \$5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be	2. Principal P	lace of Business	2a. Mailing Address			Date Incorporated or Qualifed	· ·	, , 		
Section City & State Section of Status Desired Section Sectio	21		26			01/31/1987				
City & State 233	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\ Apr	lied For		
23 25 26 27 27 27 27 27 27 27	22		27			59-2756832	Not	Applicable		
Zip Country Zip Country Zip Country Ee Required St. 50.00 may Be Added to Fees	City & State	e	City & State			5 Contiference of Status Desired	\$8.75 A	dditional		
Zip Country Zip Country Zip Country St. 00 May Ba Added to Fees Country St. 00 May Ba Country St.	23		28			5. Certificate of Status Desired	Fee Rec	quired		
P. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEYMORE, ALISA P. 3432 UPHILI TERRACE JACKSONVILLE FL 32225 82 Street Address (P.O. Box Number is Not Acceptable) 83 Sample of the provisions of Sections 617 0502 and 617,1508, Florida Statutes, but compared to registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, but he corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of the provisions of Section 617,0503, Florida Statutes, such change was authorized by the corporation's board of directors. I hereby accept the provisions of Section 617,0503, Florida Statutes, such change was authorized by the corporati		Country	Zip	Counti	у	6. Election Campaign Financing	\$5.00	May Be		
SEYMORE, ALISA P. 3432 UPHILL TERRACE JACKSONVILLE FL 32225	24	25	29	30		Trust Fund Contribution	Added to	Fees		
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3432 UPHILL TERRACE JACKSONVILLE FL 32225 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 eight, 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 eighent, 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 eighent and the florida statutes. SIGNATURE Signature, typed or protect name of registered agent and the # applicable. (HOTE Registered Agent agents when relinated by # applicable. (HOTE Registered Agent agents when relinated by # applicable. (HOTE Registered Agent agents when relinated by # applicable. (HOTE Registered Agent agents when relinated by # applicable. (HOTE Registered Agent agents when relinated by # applicable. (HOTE Registered Agent agents when relinated by # applicable. (HOTE Registered Agent agents when relinated by # applicable. (HOTE Registered Agent agents when relinated by # applicable. (HOTE Registered Agent agents when relinated agent and date # applicable. (HOTE Registered Agent agents when relinated agent and agen				8	1 Name					
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TITLE	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Ag	ent signature required	- · · · · · · · · · · · · · · · · · · ·				
NAME	12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
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ACKSONVILLE FL	STREET ADDRESS			1.3 STRE	ET ADDRESS			ļ		
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4 (077) 07 710	CITY-ST-ZIP			6.4 CITY-	ST-ZIP					
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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 the 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 emplowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charliged, or on an attachment with an address, with all other like empowered.

SIGNATURE: