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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22770** (4)

1. Corporation Name

CHRISTIAN HOMES, INC.

Principal Place of Business

Mailing Address

~~100 N. 2ND STREET~~ **307 Main ST**
C/O MRS. TWILA C. MILLER
PALATKA FL ~~88177-3705~~
32177-3719

109 N. 2ND STREET
C/O MRS. TWILA C. MILLER
PALATKA FL ~~88177-3705~~
32177-3719

3. Date Incorporated or Qualified

09/08/1987

4. FEI Number

59-2949083

Applied For

Not Applicable

2. Principal Place of Business

21 307 MAIN STREET

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 307 MAIN STREET

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MILLER, TWILA C.
109 N. 2ND STREET
PALATKA FL 32077**

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 relating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☒ DELETE
**CONWAY, FLORENCE L.
1521 PRESIDENT STREET
PALATKA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☐ DELETE
**MILLER, TWILA C.
802 S. 15TH STREET
PALATKA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☐ DELETE
**MILLER, ERNEST T.
802 S. 15TH STREET
PALATKA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D ☐ DELETE
**GAFFNEY, VIRGINIA
RT. 1 BOX 310 (N/A)
CRESCENT CITY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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: **Linda C. Miller**

4/3/98

**904
325-7474**

CR2E037 (10/97)