## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

CHRISTIANS IN ACTION FELLOWSHIP CHURCH INTERNATI ONAL, INC.					!
Principal Place of Business Mailing Address			<del> </del>		
311 NW 93 AVE PEMBROKE PINES FL 33024 US  311 NW 93 AVE PEMBROKE PINES FL 3 US  311 NW 93 AVE PEMBROKE PINES FL 3 US		24-6326	Date Incorporated or Qualified	Date of Last Report	
				10/13/1987	05/01/1996
<del></del>	Principal Place of Business     Amailing Address     Amailing Address			4. FEI Number 65-0010640	Applied For
21 Suite, Apt.	21 26 Suite, Apt. #, etc Suite, Apt. #, etc.				Not Applicable \$8.75 Additional
22 27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	ible tax under s. 199.032,
24	25 9. Name and Address of Curr	29	30	Florida Statutes Yes  10. Name and Address of New Register	No ad Agent
	9. Name and Address of Curr	aur wadistelan whalir	81 Name	10. Name and Address of New Negister	eo Agent
STUBBS	S, WAYNE G.			Page /P.O. Boy Niverboy in New Assessibility	
311 NW B3RD AVENUE				ress (P.O. Box Number is Not Acceptable)	
PO BOX 840937			83		
PEMBROKE PINES FL 33024			84 City		85 Zip Code
11 Purcuant	to the provisions of Sections 617.0	502 and 617 1508 Florida Statu	tes the shove-named core		
agent I a	Signature, typed or printed name of registered		iorida Statutes.  TE: Registered Agent aignature requi	poration submits this statement for the purposition's board of directors. I hereby accept the lired when reinstating)  ADDITIONS/CHANGES TO OFFICERS.	Ē
TALE	D	DELETE	1.1 TITLE		Change Addition
NAME	STUBBS, WAYNE G.		1.2 NAME		
STREET ADDRESS	311 NW 93RD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBRÔKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	D CTUBBE HIDV M	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	STUBBS, JUDY M. 311 NW 93RD AVENUE		2.2 NAME		
CITY-ST-ZIP	PEMBROKE PINES FL		2.3 STREET ADORESS 2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	<del></del>	Change Addition
NAME	DUMDEI, ELLA		32 NAME		
STREET ADDRESS	335 IVES DAIRY RD #10		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	<u> </u>		4.3 STREET ADDRESS		ł
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		L.J DELCIE	5.1 TITLE		The residue The volutions
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		j
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		<del>_</del> -	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST - 7/P	1		64 CITY+ST-7IP		

14. I do 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.

**FILED** 

May 08 1997 8:00am

Secretary of State