

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23558** (2)  
1. Corporation Name  
**CHRISTWAY FELLOWSHIP, INC.**



Principal Place of Business <b>2501 BRISTOL DR 3-A WEST PALM BEACH FL 33409 US</b>	Mailing Address <b>P.O. BOX 2834 WEST PALM BEACH FL 33402</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. <b>9-A</b> 22 City & State <b>23</b> 24 Zip <b>25</b> Country <b>26</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State <b>28</b> 29 Zip <b>30</b> Country <b>31</b>
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3. Date Incorporated or Qualified <b>11/19/1987</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0385989</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WHITESIDE, ROCKY A.  
436 BEECH ROAD  
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 *Rocky A. Whiteside* DATE **3/31/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D WHITESIDE, QUINN</b>
STREET ADDRESS	<b>852 CAROLINE AVE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D WHITESIDE, JASON</b>
STREET ADDRESS	<b>4046 C WOODS EDGE CIRCLE</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>STD WHITESIDE, LINDA G.</b>
STREET ADDRESS	<b>436 BEECH ROAD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD MURRAY, KEVIN</b>
STREET ADDRESS	<b>805 COTTONBAY BLVD</b>
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D AUSTIN, CHARLES</b>
STREET ADDRESS	<b>401 SE FELDMAN AVE.</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D Robert Judy</b>
1.3 STREET ADDRESS	<b>Jupiter, FL 33458</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Sandra B. Whiteside* DATE **3/31/98** 561-687-0777  
Signature and typed or printed name of registered agent and title if applicable

CR2E037 (10/97)