

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27691 (7)

1. Corporation Name

CHRISTIAN FAMILY MINISTRIES, INC.

Principal Place of Business

6540 SE FEDERAL HWY.
STUART FL 34997

Mailing Address

6540 SE FEDERAL HWY.
STUART FL 34997-83153. Date Incorporated or Qualified
08/01/19883a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 851 Johnson Ave

2a. Mailing Address

26 851 Johnson Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Stuart, FL

City & State

28 Stuart FL

Zip

24 34994

Country

25 USA

Zip

29 34994

Country

30 USA

4. FEI Number

65-0126443

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEER, SCOTT
8975 BAHAMA CIRCLE
HOBE SOUND FL 33455

81 Name

Scheer, Scott

82 Street Address (P.O. Box Number is Not Acceptable)

4602 SE Manatee Lane

83

Stuart, FL 34997

84 City

Stuart

FL

85 Zip Code

34997

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SCHEER, SCOTT
STREET ADDRESS 8975 BAHAMA CIRCLE
CITY - ST - ZIP HOBE SOUND FL1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4602 SE Manatee Lane
1.4 CITY - ST - ZIP Stuart, FL 34997TITLE TD ☒ DELETE
NAME MCCRUM, DAVID E
STREET ADDRESS 5750 S.E. WINDSONG LANE
CITY - ST - ZIP STUART FL 349972.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE VD ☐ DELETE
NAME SCHEER, CHERYL
STREET ADDRESS 8975 BAHAMA CIRCLE
CITY - ST - ZIP HOBE SOUND FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 4602 SE Manatee Lane
3.4 CITY - ST - ZIP Stuart, FL 34997TITLE SD ☐ DELETE
NAME THOMAS, JEFFREY
STREET ADDRESS 2571 S.W. GREENWICH WAY
CITY - ST - ZIP PALM CITY FL 349904.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE:

Cheryl L. Scheer

Cheryl L. Scheer

561/286-9288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E037 (9/96)