

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31660** (6)

1. Corporation Name

CHOICE SINGLE FRIENDS IN FAITH, INC.

Principal Place of Business

Mailing Address

**508 COACH LN
TEMPLE TERRACE FL 33617**

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TEMPLE TERRACE FL 33617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1989

3a. Date of Last Report

05/31/1994

4. FEI Number

59-2958082

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

(2) Principal Place of Business

(2a) Mailing Address

21 **2097 CHARTER OAKS DR.** 26 **2097 CHARTER OAKS DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **CLEARWATER, FL**

28 **CLEARWATER, FL**

24

Zip

Country

25

Zip

Country

24 **34623**

25 **PINELLAS**

29

34623

30

PINELLAS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUHR, MICHAEL
821 SOUTH DALE MABRY
~~ONE PRINCE BOULEVARD~~
TAMPA FL 33609**

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 607.0502 and 607.1508, 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 607.0505, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SULLIVAN, JAMES
508 COACH LANE
TEMPLE TERRACE FL**

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

**D
ALBERTO GUIM
2097 CHARTER OAKS DRIVE
CLEARWATER, FL 34623** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
ROBERTS, AMY LYNN
9100 9TH STREET NORTH #306
ST. PETERSBURG FL 33702**

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

**DS
PATTY SIMMONS
400 PLOVER PLACE
PALM HARBOR, FL 34683** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
NAWROCK, ANITA
5834 98TH AVE. NORTH
PINELLAS PARK FL 34666**

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

**D
LINDA MARTIN
5016 STERLING MANOR DRIVE
TAMPA, FL 33647** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NANTAS, SUE
4218 SUMMERDALE DR.
TAMPA FL 33624**

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

**TD
RICHARD A MYERS
8169 82ND AVE N
SEMINOLE FL 34647** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BARTON, GREG
1100 TURNER ST. #207
CLEARWATER FL 34610**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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: **Alberto Guim** **ALBERTO GUIM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95 (813) 442-6998

DATE

TELEPHONE #