


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 01 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
--	---	---

DOCUMENT # **N31660** (6)

1. Corporation Name

**CHOICE SINGLE FRIENDS IN FAITH, INC.**



Principal Place of Business	Mailing Address
1100 TURNER ST #207 CLEARWATER FL 34616 US	1100 TURNER ST #207 CLEARWATER FL 34616 US

3. Date Incorporated or Qualified	04/11/1989
4. FEI Number	59-2958082
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 400 Plover Pl	26 400 Plover Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 P	27
City & State	City & State
23 Palm Harbor, FL	28 Palm Harbor, FL
Zip	Country
24 34683	25 USA
Zip	Country
29 34683	30 USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
MUHR, MICHAEL 821 SOUTH DALE MABRY TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name Joe Grote
82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 43022
83 Division of St. Petersburg, FL 33710
84 City St. Petersburg
85 Zip Code 33743-3022

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 *Joe Grote* (NOTE: Registered Agent signature required when reinstating) DATE 4/28/98

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BARTON, GREG
STREET ADDRESS	1100 TURNER ST., #207
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	GAY, SUZANNE
STREET ADDRESS	802 OAK GROVE DR., #250
CITY-ST-ZIP	BRANDON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, PATTY
STREET ADDRESS	400 PLOVER PLACE
CITY-ST-ZIP	PALM HARBOR FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LAW, JULIE
STREET ADDRESS	2878 MCMULLEN BOOTH RD., #822
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VERMOST, DARREN
STREET ADDRESS	11405 3RD ST. N., #3
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. Simmons, Patty
1.3 STREET ADDRESS	400 Plover Place
1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Higgins, Paul J
3.3 STREET ADDRESS	4101 Euclid Ave
3.4 CITY-ST-ZIP	Tampa, FL 33629
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Serrano, Cami
4.3 STREET ADDRESS	17850 A. Jamestown Way
4.4 CITY-ST-ZIP	Lutz, FL 33549
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Spratt, Carolyn
5.3 STREET ADDRESS	11470 Bay St. NE
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716
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: *Patty Ann Simmons - board member* 4/20/98 (813) 786-1337

CR2E037 (10/97)