


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90082 025 \*\*\*\*61.25

0072095

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N31660</b>					
1. Corporation Name <b>CHOICE SINGLE FRIENDS IN FAITH, INC.</b>					
Principal Place of Business <b>400 PLOVER PLACE PALM HARBOR FL 34683 US</b>			Mailing Address <b>400 PLOVER PLACE PALM HARBOR FL 34683 US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1989</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2958082</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GROTE, JOE P O BOX 43022 6533 9TH AVE N ST PETERSBURG FL 33710</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City <b>FL</b> 85. Zip Code			

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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	HIGGINS, PAUL J			1.2 NAME	Dramko, George		
STREET ADDRESS	4101 EUCLID AVE			1.3 STREET ADDRESS	7729 Bre Hanwood drive		
CITY-ST-ZIP	TAMPA FL 33629			1.4 CITY-ST-ZIP	Tampa, FL 33615		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	GAY, SUZANNE			2.2 NAME	Low, Julie		
STREET ADDRESS	802 OAK GROVE DR., #250			2.3 STREET ADDRESS	2678 McMullen Booth Rd Apt 822		
CITY-ST-ZIP	BRANDON FL			2.4 CITY-ST-ZIP	Clearwater, FL 33761		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMONS, PATTY			3.2 NAME			
STREET ADDRESS	400 PLOVER PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34683			3.4 CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERRANO, CAMI			4.2 NAME	Haganlon, Libby		
STREET ADDRESS	17850 A JAMESTOWN WAY			4.3 STREET ADDRESS	3415 W. Hillsborough Ave #517		
CITY-ST-ZIP	LUTZ FL 33549			4.4 CITY-ST-ZIP	Tampa, FL 33614		
TITLE	DT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPRATT, CAROLYN			5.2 NAME			
STREET ADDRESS	11470 BAY ST NE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33716			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Patty Simmons **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99 727-7861337

CR2E037 (11/98)