FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

1100 15TH STREET E

BRADENTON FL 34208

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

P.O. BOX 2108

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

1100 15TH STREET E

BRADENTON FL 34208

2a. Mailing Address

City & State

Suite, Apt. #, etc.

P.O. BOX 2108

26

FILED Feb 06 1998 8:00am Secretary of State

Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

3. Date Incorporated or Qualified

04/24/1989

59-1360182

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

7. Is this popprofit corporation a homeowners association?

4. FEI Number

CONTROLINITY FAITH IN ACTION CEN	IER ING.	
Principal Place of Business	Mailing Address	: T sumitimi dum filme timte immet sugat filis minte medie kinti menti mikti mikti mikti mikti mikti mikti fil

23	28					☐ Yes [es 🗀	☐ No			
Zip		Country		Zip		C	untry		"	8. This corp	oration c	wes or ha	as paid t	he curr	ent year in	itangible
24		25		29		30				Personal	Property	Tax due	June 30.	⊏	Yes [□ No
Name and Address of Current Registered Agent						L.,		10. Name and Address of New Registered Agent								
							81	Name	e							
THOMPS	SON, JOSEI	PH L					82	Street	t Address	(P.O. Box N	umber is	Not Acce	eptable)			
106 133RD ST EAST																
BRADENTON FL 34202					83											
							84	City							85 Zip	Code
							64	City						FL	21p	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 r						nt signatur	ire required wh	nen reinstating)				ATE		
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NAME						6.21	NAME								•	
STREET ADDRESS							_	ADDRESS								,
CITY-ST-ZIP						1	CITY-ST		1]
14. Linerelly Co	ertify that the	information se	applied with t	his filing de	es not qualify	for the ex	empt	ion state	ted in Sect	tion 119.07(3	B)(i), Flori	ida Statut	es. I furti	ier cert	ify 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.																

941-747-0472