


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 22 1997 8:00am
Secretary of State

| | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N38729** (2)

1. Corporation Name

TERRA CHRISTA MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

**1572 PINE FOREST DRIVE
TALLAHASSEE FL 32301**

**1572 PINE FOREST DRIVE
TALLAHASSEE FL 32301**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|-----------------------------------------------------------------------------------|--|------------------------|--|------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/21/1990 | | 3a. Date of Last Report 08/22/1996 | |
| 21 | | 26 | | 4. FEI Number 59-3060253 | | Applied For Not Applicable | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip | | 25 Country | | 29 Zip | | 30 Country | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CHAMBERLYNN, PAMELA L. 1572 PINE FOREST DRIVE TALLAHASSEE FL 32301 | | | | 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 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 | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAMBERLYNN, PAMELA L. | 1.2 NAME | |
| STREET ADDRESS | 1572 PINE FOREST DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNERR, DOLORES | 2.2 NAME | |
| STREET ADDRESS | RT 9 BOX 138 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAIN, MATTHEW | 3.2 NAME | |
| STREET ADDRESS | 413 VICTORY GARDEN DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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:

SIGNATURE REQUIRED

CR2E037 (4/97)