## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N41225

(6)

THE CHRISTIAN HADIO MINISTRIES, INC.							
Principal Place of Business		Mailing Address				1 81811 WHILE WHICH BIRTH BIRT	II WINII INEI
6 REV. GERALD SMITH 1120 WEST HALIFAX DRIVE DAYTONA BEACH FL 32124		% REV. GERALD SMITH 2120 WEST HALIFAX DRIVI DAYTONA BEACH FL 3212					
MITORN BENC	A FL SEIEN	ONITOTAL DENOTITE GETE	70021		3. Date Incorporated or Qualified 12/10/1990	3a. Date of Last R 01/26/199	
<b>—</b>	Place of Business	2a. Mailing Address			4. FEI Number	<del>  </del>	oplied For
21 Suite Apt # etc		26 Suite Apl # etc		59-3045564 Not Applicab			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 -	Additional equired
City & Stat	te	City & State			6. Election Campaign Financing	<del></del>	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for it	ntangible tax under s	. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curi	ent Registered Agent		1 Name	10. Name and Address of New Rec	Jistered Agent	· · · · · · · · · · · · · · · · · · ·
				Name			
SMITH, GERALD 2120 WEST HALIFAX DRIVE			Ē	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
			-	13			
DATION	A BEACH FL 32124						
				City		FL 85 Zip	Code
11. Pursuant office or i agent. La	to the provisions of Sections 617.0 registered agent, or both, in the Stam familiar with, and accept the ob-	502 and 617.1508, Florida Statu tle of Florida. Such change was ligations of, Section 617.0503, F	ites, the abo authorized lorida Statu	ove-named co by the corpor tes.	orporation submits this statement for the piration's board of directors. I hereby accep		ts registered registered
SIGNATURE	·						
	Signature, typed or printed name of registered			Agent signature rec	quired when reinstating)	DATE	
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD   Smith, Gerald		1.2 NAME			☐ Change	Addition
NAME	2120 W. HALIFAX DR.						
STREET ADDRESS  CITY-ST-ZIP	DAYTONA BEACH FL			EET ADORESS '- ST- ZIP			
TITLE	SD SD	DELETE	2.1 TITL			Change	Addition
NAME	SMITH, JOYCE	<b></b> = = = - :	2.2 NAM				
STREET ADDRESS	2120 W. HALIFAX DR.			EET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL			Y-ST-ZIP			
TITLE	TD	☐ DELETE	3.1 TITL			☐ Change	Addition
NAME	WEEKS, CAROLE		3.2 NAM	IE			
STREET ADDRESS	117 BOSWELL PLACE		3.3 STR	EET ADORESS			
CHTY-ST-ZIP	HOLLY HILL FL		3.4. CIT	Y-ST-ZIP			
TITLE	VD	☐ DELETE	4.1 TITL	E		Change	Addition
NAME	GRUNDER, ROBERT		4. 2 NA	AE			
STREET ADDRESS	435 8TH ST		4.3 STR	EET ADDRESS		*	
CITY-ST-ZIP	HOLLY HILL FL			- ST- ZIP			
TITLE		☐ DELETE	5.1 TITL			Change	Addition
NAME			5.2 NAM	1			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		DELETE		-ST-ZIP		Obar	guanta-
TITLE		☐ DELETE	6.1 TITL	1		☐ Change	Addition
NAME			6.2 NAN	- 1			
STREET ADDRESS	İ		■ 6.3 STR	EET ADDRESS			

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

SIGNATURE:

appears in Block 12 or Block 13 if g

CITY-ST-ZIP

**FILED** 

Jan 17 1997 8:00am

Secretary of State