FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the inform

SIGNATURE: 4



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthage

FILED

Feb 26 1997 8:00am

Secretary of State

A NEBINIER DIE DEDEN HINDE LIGERT BEIDE DIE DING BEGER DER GERT DER HER DER HER DE DE DE DE DE DE DE DE DE DE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name N42135

(6)

CHRISTIAN BOATERS ASSOCIATION, INC.

Principal Place of Business Malling Address					I BIII: BIBII DIDII BIBIF DIBII BIDIF BIBII IBBI		
PO BOX 061021 PO BOX 061021 MELBOURNE FL 32906-1021 MELBOURNE FL 32906-1021			021		·		
					3. Date Incorporated or Qualified 02/18/1991	3a. Date of Last Report 03/04/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		***********	4. FEI Number	Applied For	
21		26		59-3086804	Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc.		6. Certificate of Status Desired	6. Certificate of Status Desired Serviced Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	28	Count	'N'	Trust Fund Contribution	7,0002.107.000	
24	25 29 30		\vdash	. 7	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
27	9. Name and Address of Currer	hinid	30		10. Name and Address of New Ro		
			8	1 Name			
. COOK, EARL R.				2 Street	Address (P.O. Box Number is Not Acceptable)		
	shua drive, N.E.			Todayoo (T.O. Box Harrison to Tox 7 toopia			
 PLAM B/ 	\Y FL 32905		8	3			
			8	4 City	······································	FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 617.050	2 a 10 617.1508, Florida State	utes, the abo	ve-named	d corporation submits this statement for the	ourpose of changing its registered	
agent. Far	n amiliar with, and accept the oblig	ntions of Section 617.0503, f	lorida Statut	es.	d corporation submits this statement for the rporation's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE _	-7XM	XIII LUI	E	ARI M	R. Cook	1/27/97	
				gent signatur	re required when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 Tell		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change	
NAME	SCHLEGEL, SAM	F DECEIE	1.2 NAM		Schlegel, SAM P.O. BOX FOZ 7 N/A	Change Number	
STREET ADDRESS	P.O. BOX 8032 N/A			et address	P.O. BOX 8037 NA	033	
	HONOLULU HI 96830-0032				Honolulu, 41 96830-0	v 3 eq	
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITL	-ST-21P	D	Change Addition	
NAME	DU MOULIN, BRIAN		2.2 NAM		TU MOULLIN BRIAN		
STREET ADDRESS	1330 MAIN ST.			ET ADDRESS	1330 MAIN ST		
CITY-ST-ZIP	AYER'S CLIFF-QUE CA			-ST-ZIP	Ayer's Cliff, Quebec CANADA		
TITLE	VD	DELETE	3.1 TITL	 	PD 11 110-01 6.	Change Addition	
NAME	FALLEK, HENRY G		3.2 NAM	E	FAILER, MENNIN Ridge R	ø.	
STREET ADDRESS	3207 MAGNOLIA RIDGE RD.		3.3 STRE	ET ADDRESS	PD Hek, Henry 6. FAllek, Henry 6. 3207 magnolin Ridge R ANNApolis, m D 2140	2-36/6	
CITY-ST-ZIP	ANNAPOLIS MD		3.4. CITY	- ST- ZIP	HNAHPOUS		
TITLE	D	☐ DELETE	4.1 TOTAL		D	Change Addition	
NAME	MULLEN, FRANK		4. 2 NAN	1E	mullen, FRANK Rt 2, Box 164 Rt 2, Box 164		
STREET ADDRESS	RT.2, BOX 164		4.3 STRE	ET ADDRESS	murphy, NC 28906		
CITY - ST - ZIP	MURPHY NC 28906		4.4 CITY	-ST-ZIP			
TITLE	TD	☐ DELETE	5.1 TITLE		VP CARLE	Change Addition	
NAME	COOK, EARL R.		5.2 NAM		COOK, EARL R. 1917 JOSHUA DRIVE, N.E.	₹,	
STREET ADDRESS	1917 JOSHUA DRIVE., N.E.			ET ADDRESS	PAIM BAY, FL 3 agus	•	
CITY - ST - ZIP	PALM BAY FL		5.4 CITY		1	· . · · · · · · · · · · · · · · · · · ·	
TITLE	\$D	☐ DELETE	6.1 TITL		SD I LOPPOW	Change Addition	
NAME	MURPHY, LOREN W.		6.2 NAM		murphy Loren W. 3205 LANDS END		
Street addréss	3205 LANDS END			ET ADDRESS	Coeur D'Alene, ID		
CITY - ST - ZIP	COEUR D'ALENE ID		6.4 CITY	- ST-ZIP	LOCAR D'ATENE, ID	X3814	

6.4 CITY-ST-ZIP

EARI R. COOK TRUCK

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the sort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name apply of the property of the receiver of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

407-723-1349