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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42135					
1. Corporation Name CHRISTIAN BOATERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 061021 MELBOURNE FL 32906-1021			Mailing Address PO BOX 061021 MELBOURNE FL 32906-1021		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/18/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3086804	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COOK, EARL R 1917 JOSHUA DRIVE, N.E. PLAM BAY FL 32905		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: *Earl R. Cook* EARL R. COOK 21 Jan. 1999 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	D
NAME	GERVAIS, LEWIS	1.2 NAME	Simpson, Fred
STREET ADDRESS	1731 HAMILTON ST. S.W.	1.3 STREET ADDRESS	P.O. Box 491 N/A
CITY-ST-ZIP	PALM BAY FL 32908	1.4 CITY-ST-ZIP	Beaufort, NC 28516
TITLE	D	2.1 TITLE	TD
NAME	TIMPE, ROY	2.2 NAME	Schlegel, Sam
STREET ADDRESS	366 BLANDON MEADOWS PKWY	2.3 STREET ADDRESS	P.O. Box 616 N/A
CITY-ST-ZIP	BLANDON PA 19510	2.4 CITY-ST-ZIP	St. Augustine, FL 32085
TITLE	SD	3.1 TITLE	SD
NAME	WOOD, GEORGE	3.2 NAME	Wood, George
STREET ADDRESS	P.O. BOX 3066 N/A	3.3 STREET ADDRESS	P.O. Box 3066 N/A
CITY-ST-ZIP	FT. PIERCE FL 34948	3.4 CITY-ST-ZIP	Et. Pierce, FL 34948
TITLE	D	4.1 TITLE	VD
NAME	SIMON, MARLIN	4.2 NAME	Simon, Marlin
STREET ADDRESS	BOX 904 N/A	4.3 STREET ADDRESS	Box 904 N/A
CITY-ST-ZIP	ISLAMORADA FL 33036	4.4 CITY-ST-ZIP	Islamorada, FL 33036
TITLE	PD	5.1 TITLE	PD
NAME	COOK, EARL R	5.2 NAME	Cook, Earl R.
STREET ADDRESS	1917 JOSHUA DRIVE., N.E.	5.3 STREET ADDRESS	1917 Joshua Drive, N.E.
CITY-ST-ZIP	PALM BAY FL 32905	5.4 CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	VD	6.1 TITLE	D
NAME	MURPHY, LOREN W	6.2 NAME	Murphy, Loren W.
STREET ADDRESS	3205 LANDS END	6.3 STREET ADDRESS	3205 Lands End
CITY-ST-ZIP	COEUR D'ALENE ID 83814	6.4 CITY-ST-ZIP	Coeur D'Alene, ID 83814

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: *Earl R. Cook* 21 Jan. 1999 407-723-1349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PREC. Date Daytime Phone #

CR2E037 (11/98)