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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90114 001 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N43997**

1. Corporation Name

**CHRISTIAN VETERANS ASSOCIATION, INC.**

Principal Place of Business

60 SOUTH COPELAND ST  
JACKSONVILLE FL 32203  
US

Mailing Address

CHRISTIAN VETERANS ASS. INC.  
P.O. BOX 551065  
JACKSONVILLE FL 32255-1065



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/21/1991

4. FEI Number

59-3078720

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SCALF, CLYDE G  
731 HERBERT ST.  
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 JACKSONVILLE

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

*Fred Boyett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1 29 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PAINTER, DEWEY E. SR.  
STREET ADDRESS 84 KNIGHT BOXX ROAD  
CITY-ST-ZIP ORANGE PK FL

TITLE ☐ DELETE

NAME WALKER, BEN  
STREET ADDRESS 8004 GORDEAN RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME BOYETT, FRED  
STREET ADDRESS 5837 COMMERCE ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME SCALF, CLYDE  
STREET ADDRESS 731 HERBERT ST  
CITY-ST-ZIP PORT ORANGE FL 32119

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Fred Boyett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 29 1999 904 744-8671

CR2E037 (1/198)