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 # N47168

(2)

CHRIS	T CHAPEL CHURCH, INC.					
Principal Place of Business		Mailing Address				IANK OTATI BIOTE BIOTE BIOTE OTOTE BIOTE HOR
832 A1A NORTH. UNIT 2 832 A1A NORTH.UNIT 2 PONTE VEDRA FL \$2082 US		P.O. BOX 2384 PONTE VEDRA FL 32004-2384 US		_	3. Date Incorporated or Qualified	3a. Date of Last Report
A 0.1 (1.16)		TA: 14 W. A.L.			02/03/1992	05/01/1996
2. Principal Place of Business		2a. Mailing Address		Ì	4. FEI Number 59-3123897	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			00 0 120001	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for it	
24	9. Name and Address of Current		30		Florida Statutes 10. Name and Address of New Reg	Yes No
	g, Hallo and Rediose of Callon	Trogistoreo Agent	81 Nar		IO, Marilo Billo Addiess Of Hew Ne	Resolan Wilalis
WILLIAMS, DANIEL W.						
	PRING PARK RD		82 Stre	eet Address	(P.O. Box Number is Not Acceptab	le)
	NVILLE FL 32207		83			
			84 City	,		85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida, Such change was authorized by the corr					ition submits this statement for the pi	urpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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 agen	Troops	Registered Agent signa			DATE
12.	OFFICERS AND		Hegistered Agent signa	arure required w	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	WILLIAMS, DANIEL W.		1.2 NAME			·
STREET ADDRESS	212 CROSS TERN CT		1.3 STREET ADDRE	SS		
CITY-ST-ZIP	PONTE VEDRA FL		1.4 CITY-ST-ZIP			,
TITLE	10	☐ DELETE	21 TITLE	`		☐ Change ☐ Addition
NAME	WOOLFE, JOHN		22 NAME			
STREET ADDRESS	11715 BRADY RD		2.3 STREET ADDRES	ss		
CITY-ST-ZIP	JACKSONVILLE FL	Delete	2. 4 CITY-ST-ZIP	_		
TITLE	D WILLIAMOON IPODY	☐ DELETE	3.1 TITLE			Change Addition
NAME OTOGET ADDRESS	WILLIAMSON, JERRY 902 BARBARA AVE		3.2 NAME			
STREET ADDRESS CITY-ST-ZIP	JAX. FL		3.3 STREET ADDRES	SS		
TITLE	VD.	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition
NAME	HANIGAN, MARVIN		4. 2 NAME			orange Environment
STREET ADDRESS	201 GREEN CREST DR.		4.3 STREET ADDRES	ss		
CITY-ST-ZIP	PONTE VEDRA FL		4.4 CITY - ST - ZIP			
TITLE	\$D	DELETE	5.1 TITLE			Change Addition
NAME	MCCRAINE, MICHAEL		5.2 NAME			,
STREET ADORESS	1697 WOODMERE LN.		5.3 STREET ADDRES	SS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY - ST - ZIP			
TITLE	D	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	BARRETT, BRUCE		6.2 NAME			
STREET ADDRESS	695 AIA NORTH #54		6.3 STREET ADDRES	SS		

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 (chapter or on an attachment with an address.

(90/6) (32)

FILED

Jun 09 1997 8:00am

Secretary of State