SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 30 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47412** **(4)**

1. Corporation Name
2 CHRIST - THE SOLUTION, INC.

Principal Place of Business	Mailing Address
MINISTRY TRAVELS FL TO NY 167 N COLLIER BLVD J-3 MARCO ISLAND FL 33937 US	% REV. ROBERT M. RINALDI PO BOX 1081 MARCO ISLAND FL 33969 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1992	3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0315016	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 State Of Florida	26 Rev. Robert M. Rinaldi
Suite, Apt. #, etc. 22 240 No. Collier Blvd./G-3	Suite, Apt. #, etc. 27 P.O. Box 1081
City & State 23 Marco Island, Florida	City & State 28 Marco Island, Florida
Zip / Country 24 33937 / 25 U.S.A.	Zip / Country 29 33969 / 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RINALDI, ROBERT M. 167 N COLLIER BLVD J-3 MARCO ISLAND FL 33969-1081	Rinaldi, Robert M., Rev. 240 N. Collier Blvd. G-3 Marco Island, FL. 33937-3030
	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: Rev. Robert M. Rinaldi, C.E.O. 6/20/1995 A.D.
Signature, typed or printed name of registering agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	T	☒ Change ☐ Addition
NAME	SCHOLZ, STEVEN	12 NAME	Donald K. Schold, V.P., Esq.	
STREET ADDRESS	600 IVEY LN	13 STREET ADDRESS	800 Seagate Drive/Suite 203	
CITY-ST-ZIP	TARPON SPRINGS FL	14 CITY-ST-ZIP	Naples, Florida 33940	
TITLE	VP	21 TITLE	T	☒ Change ☐ Addition
NAME	REILLY, ROBERT J	22 NAME	John F. Vodopia, Esquire	
STREET ADDRESS	5 MULBERRY DR	23 STREET ADDRESS	3 Lone Oak Drive	
CITY-ST-ZIP	SMITHTOWN NY	24 CITY-ST-ZIP	Centerport, N.Y. 11721-1423	
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	SCHAUS, ROBERT	32 NAME	T	
STREET ADDRESS	58 N COLLIER BLVD #1701	33 STREET ADDRESS	Denise Locetta	
CITY-ST-ZIP	MARCO FL	34 CITY-ST-ZIP	730 Santa Maria Drive	
TITLE	P	41 TITLE	Winter Heven, Florida 33884	☐ Change ☐ Addition
NAME	RINALDI, ROBERT M	42 NAME		
STREET ADDRESS	167 N COLLIER BLVD J-3	43 STREET ADDRESS		
CITY-ST-ZIP	MARCO FL	44 CITY-ST-ZIP		
TITLE	TA	51 TITLE		☐ Change ☐ Addition
NAME	MENIER, ALBERT R	52 NAME		
STREET ADDRESS	13269 N 104TH PL	53 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ	54 CITY-ST-ZIP		
TITLE	AD	61 TITLE		☐ Change ☐ Addition
NAME	SCHOLZ, TERRY	62 NAME		
STREET ADDRESS	600 IVEY LANE	63 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689-3900	64 CITY-ST-ZIP	# DEPOSITED BY BANK	6/20

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Rev. Robert M. Rinaldi - Rev. Robert M. Rinaldi 6/20/95 (941)394-9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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