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FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47412 (4)

1. Corporation Name

2 CHRIST - THE SOLUTION, INC.



Principal Place of Business

Mailing Address

STATE OF FLORIDA
240 N COLLIER BLVD G-3
MARCO ISLAND FL 33937
USREV. ROBERT M. RINALDI
P.O. BOX 1081
MARCO ISLAND FL 34148-1081
US3. Date Incorporated or Qualified
02/18/19923a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Same
Suite, Apt. #, etc.26 Same
Suite, Apt. #, etc.

4. FEI Number

65-0315016

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RINALDI, ROBERT M., REV.
240 N COLLIER BLVD
G-3
MARCO ISLAND FL 33937-3030

81 Name

Unchanged

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

Signature, typed or printed name of registered 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 T ☒ DELETE
NAME SCHOLD, DONALD K ESQ.
STREET ADDRESS 800 SEAGATE DRIVE SUITE 203
CITY-ST-ZIP NAPLES FL1.1 TITLE T and Deacon ☒ Change ☐ Addition
1.2 NAME Anthony Rinaldi
1.3 STREET ADDRESS 500-285A Peconic St.
1.4 CITY-ST-ZIP Ronkonkoma, N.Y. 17779TITLE T ☐ DELETE
NAME VODOPIA, JOHN F ESQ.
STREET ADDRESS 3 LONE OAK DRIVE
CITY-ST-ZIP CENTERPORT NY2.1 TITLE Deacon-Assst. TA ☐ Change ☒ Addition
2.2 NAME Robert T. Morgan
2.3 STREET ADDRESS 3282 Collee Court
2.4 CITY-ST-ZIP Naples, Florida 34112TITLE T ☐ DELETE
NAME LOCETTA, DENISE
STREET ADDRESS 730 SANTA MARIA DRIVE
CITY-ST-ZIP WINTER HAVEN FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME RINALDI, ROBERT M
STREET ADDRESS 167 N COLLIER BLVD J-3
CITY-ST-ZIP MARCO FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TA ☐ DELETE
NAME MENIER, ALBERT R
STREET ADDRESS 13289 N 104TH PL
CITY-ST-ZIP SCOTTSDALE AZ5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE AD ☐ DELETE
NAME SCHOLZ, TERRY
STREET ADDRESS 1791 ORANG BLVD
CITY-ST-ZIP PALM HARBOR FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE: Rev. Robert M. Rinaldi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/20/97
Daytime Phone 1-800-Savior-8
0080679

CR2E037 (9/96)