


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47412** (4)  
1. Corporation Name  
**2 CHRIST - THE SOLUTION, INC.**



Principal Place of Business <b>STATE OF FLORIDA 240 N COLLIER BLVD G-3 MARCO ISLAND FL 33937 US</b>	Mailing Address <b>REV. ROBERT M. RINALDI P.O. BOX 1081 MARCO ISLAND FL 33969 US</b>
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3. Date Incorporated or Qualified <b>02/18/1992</b>
4. FEI Number <b>65-0315016</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business <b>21 STATE OF FLORIDA</b> Suite, Apt. #, etc. <b>22 240 N. COLLIER BLVD / G-3</b> City & State <b>23 MARCO ISLAND, FLORIDA</b> Zip <b>24 34145</b>	2a. Mailing Address <b>25 REV. ROBERT M. RINALDI</b> Suite, Apt. #, etc. <b>26 P.O. BOX 1081</b> City & State <b>27 MARCO ISLAND, FLORIDA</b> Zip <b>28 34146</b>
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9. Name and Address of Current Registered Agent <b>RINALDI, ROBERT M., REV. 240 N COLLIER BLVD G-3 MARCO ISLAND FL 33937-3030</b>
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10. Name and Address of New Registered Agent <b>81 Name SAME AGENT</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 SAME ADDRESS / APT. # G-8</b> <b>84 City FL</b> <b>85 Zip Code 34145</b>
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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, and I, the undersigned, 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 % 2 Christ-The Solution** *Robert M. Rinaldi* **APRIL 27, 1998 AD**  
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>TD RINALDI, ANTHONY 500-285A PECONIC ST. RONKONKOMA NY</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T VODOPIA, JOHN F ESQ. 3 LONE OAK DRIVE CENTERPORT NY</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T LOCETTA, DENISE 730 SANTA MARIA DRIVE WINTER HAVEN FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RINALDI, ROBERT M 167 N COLLIER BLVD J-3 MARCO FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TA MENER, ALBERT R 13200 N 104TH PL SCOTTSDALE AZ</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AD SCHOLZ, TERRY 1791 ORANG BLVD PALM HARBOR FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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.

SIGNATURE: *Robert M. Rinaldi* **Rev. Robert M. Rinaldi** **4/27/98** **(94) 394-9540**

CR2E037 (10/97)