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**Apr 29, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N47412**

1. Corporation Name

**2 CHRIST - THE SOLUTION, INC.**

Principal Place of Business

STATE OF FLORIDA  
240 N COLLIER BLVD G-3  
MARCO ISLAND FL 34145  
US

Mailing Address

REV. ROBERT M. RINALDI  
P.O. BOX 1081  
MARCO ISLAND FL 34146  
US



2. Principal Place of Business

21 **State of FLORIDA**

22 **240 N. Collier blvd./G-3**

23 **Marco Island, FL.**

24 **34145-1081** 25 **Collier**

2a. Mailing Address

26 **2 Christ-The Solution**

27 **P.O. Box 1081**

28 **Marco Island, FL.**

29 **34146-1081** 30 **Collier**

3. Date Incorporated or Qualified

**02/18/1992**

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

9. Name and Address of Current Registered Agent

RINALDI, ROBERT M., REV.  
240 G COLLIER BLVD, APT G-8  
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name **Same Agent**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **Omitt G-3/Correct number is G-8**  
84 City **Marco Island** 85 Zip Code **FL 34145**

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 2 Christ-The Solution Robert M. Rinaldi April 11, 1999**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **TD**  
**RINALDI, ANTHONY**  
STREET ADDRESS **500-285A PECONIC ST.**  
CITY-ST-ZIP **RONKONKOMA NY**

TITLE ☒ DELETE

NAME **T**  
**STACK, PEG LOUISE**  
STREET ADDRESS **8 HILLSIDE ROAD**  
CITY-ST-ZIP **KINNELON NJ 07405**

TITLE ☐ DELETE

NAME **T**  
**LOCETTA, DENISE**  
STREET ADDRESS **730 SANTA MARIA DRIVE**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME **P**  
**RINALDI, ROBERT M**  
STREET ADDRESS **167 N COLLIER BLVD J-3**  
CITY-ST-ZIP **MARCO FL**

TITLE ☐ DELETE

NAME **TA**  
**MENIER, ALBERT R**  
STREET ADDRESS **13269 N 104TH PL**  
CITY-ST-ZIP **SCOTTSDALE AZ**

TITLE ☐ DELETE

NAME **AD**  
**SCHOLZ, TERRY**  
STREET ADDRESS **1791 ORANG BLVD**  
CITY-ST-ZIP **PALM HARBOR FL**

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 **Mary Ann Finney Rinaldi**  
2.3 STREET ADDRESS **240 No. Collier blvd./G-3**  
2.4 CITY-ST-ZIP **Marco Island, FL. 34145-1081**

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: **Robert M. Rinaldi** REQUIRED **Robert M. Rinaldi** 4/11/99 1-800-Savior-8  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)