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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000000251

1. Corporation Name

FLORIDA CHRISTIAN MINISTERS ASSOCIATION, INC.

Principal Place of Business

1011 BILL BECK BLVD
KISSIMMEE FL 34744

Mailing Address

1011 BILL BECK BLVD
KISSIMMEE FL 34744



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/14/1993

4. FEI Number

NOT APPLICABLE

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

LOWEN, A W
FLORIDA CHRISTIAN COLLEGE
1011 BILL BECK BLVD
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME RIGGS, SCOTT
STREET ADDRESS 2226 S KINGS AVE
CITY-ST-ZIP BRANDON FL 33511

TITLE DV ☒ DELETE
NAME ROBISON, LEE
STREET ADDRESS 3241 PEACHTREE ST
CITY-ST-ZIP SARASOTA FL 34231

TITLE DS ☐ DELETE
NAME SHARP, ROBERT V
STREET ADDRESS 101 NORTH TAYLOR RD
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☒ DELETE
NAME RENNER, DON
STREET ADDRESS 224 RANIER COVE #110
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME CHET TOKAR
1.3 STREET ADDRESS 124 MARCIA DRIVE
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL. 32714

2.1 TITLE DW ☐ Change ☐ Addition
2.2 NAME FRED SMITH III
2.3 STREET ADDRESS 5495 W. PAWNEE DR.
2.4 CITY-ST-ZIP BEVERLY HILLS, FL. 34465

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME DR. ARLIN BOLEJACK
4.3 STREET ADDRESS 133 NE Pine Island Rd.
4.4 CITY-ST-ZIP CAPE CORAL, FL. 33909

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:

Signature
SIGNED

2/17/99

407-788-2475

CR2E037 (1/98)