


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 05 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000001897 (8)**

1. Corporation Name

CHRIST MINISTRIES, INCORPORATED



Principal Place of Business

Mailing Address

**7732-2 SILVERSTAR ROAD
ORLANDO FL 32801**

**P.O. BOX 681803
ORLANDO FL 32868-1803**

3. Date Incorporated or Qualified
04/27/1993

3a. Date of Last Report
08/15/1996

2. Principal Place of Business

2a. Mailing Address

21 5425 S. Apopka-Vineland Rd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

ORLANDO, FL

28

City & State

24

32819

Country

U.S.A.

29

Country

30

4. FEI Number
65-0404671

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**

6. 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

**CARTER, EARL W SR.
1301 NEW TOWN AVE
ORLANDO FL 32835**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CARTER, EARL W SR.**
STREET ADDRESS **1301 NEW TOWN AVE.**
CITY-ST-ZIP **ORLANDO FL 32835**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPA** ☐ DELETE
NAME **CARTER, BEVERLY A**
STREET ADDRESS **1301 NEW TOWN AVE.**
CITY-ST-ZIP **ORLANDO FL 32835**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **POWELL, STENNETH E SR.**
STREET ADDRESS **3520 HUNTLEIGH DRIVE**
CITY-ST-ZIP **RALEIGH NC 27604**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **MRS. MINNIE L. FLOWERS**
3.3 STREET ADDRESS **4875 - 35TH AVE.**
3.4 CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE **D** ☐ DELETE
NAME **LILLARD, E J**
STREET ADDRESS **232 WALKER AVENUE, #2**
CITY-ST-ZIP **ELIZABETH CITY NC 27909**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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.

CR2E037 (9/96)