

SECOND NOTICE: CORPORATION... AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1998**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. McRtham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**FILED**

98 NOV 12 PM 2:25

SECRETARY OF STATE



**DOCUMENT # N93000001897 (8)**  
 1. Corporation Name  
**CHRIST MINISTRIES, INCORPORATED**

Principal Place of Business Mailing Address  
 5425 S. APOPKA-VINELAND RD. P.O. BOX 681803  
 ORLANDO FL 32819 ORLANDO FL 32868-1803

3. Date Incorporated or Qualified  
**04/27/1993**

4. FEI Number Applied For  
**65-0404671** Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 **1301 NEW TOWN AVE.** 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22  
 27  
 City & State City & State  
 23 **ORLANDO, FLORIDA** 28  
 Zip Country Zip Country  
 24 **32835** 25 **USA** 29 30

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CARTER, EARL W SR.**  
**1301 NEW TOWN AVE**  
**ORLANDO FL 32835**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARTER, EARL W SR.	
STREET ADDRESS	1301 NEW TOWN AVE.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPA	<input type="checkbox"/> DELETE
NAME	CARTER, BEVERLY A	
STREET ADDRESS	1301 NEW TOWN AVE.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLOWERS, MINNIE L MRS	
STREET ADDRESS	4875 35TH AVE.	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LILLARD, E J	
STREET ADDRESS	232 WALKER AVENUE, #2	
CITY-ST-ZIP	ELIZABETH CITY NC 27909	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REV. William Champion	
1.3 STREET ADDRESS	2650 N. COMANCHE PT.	
1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
2.1 TITLE	DIRECTOR/MARKETING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLES HAUGABROOK	
2.3 STREET ADDRESS	6240 FULTON COURT	
2.4 CITY-ST-ZIP	ORLANDO, FL 32835	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	000002692170-0	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: [Signature] **BEVERLY A. CARTER: V.P.** 9.28.98 407.578.3466  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0002988

CR2E037 (5/98)