

SECOND NOTICE: CORPORATION ... L ... AFTER ...
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. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N93000001897 (8)

1. Corporation Name

CHRIST MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

5425 S. APOPKA-VINELAND RD.
ORLANDO FL 32819

P.O. BOX 681803
ORLANDO FL 32868-1803

98 NOV 12 PM 2:25

SECRETARY OF STATE



2. Principal Place of Business

2a. Mailing Address

21 1301 NEW TOWN AVE.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO, FLORIDA

27

Zip 32835

Country USA

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/27/1993

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

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

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 reinstalling)

DATE

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	REV. William Champion	<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		

4.1 TITLE		<input type="checkbox"/> Change <input 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: Beverly A. Carter DATE: 9-28-98 DAYTIME PHONE #: 407-578-3466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002988

CR2E07 (5/98)