

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90145 034 ****70.00

DOCUMENT # N93000001897

1. Corporation Name

CHRIST MINISTRIES, INCORPORATED

Principal Place of Business
1301 NEW TOWN AVENUE
ORLANDO FL 32835

Mailing Address
P.O. BOX 681803
ORLANDO FL 32868-1803



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/27/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0404671

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

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's signature required when reinstating)

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

NAME **CARTER, EARL W SR.**

1.2 NAME

STREET ADDRESS **1301 NEW TOWN AVE.**

1.3 STREET ADDRESS

CITY-ST-ZIP **ORLANDO FL 32835**

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

NAME **CARTER, BEVERLY A**

2.2 NAME

STREET ADDRESS **1301 NEW TOWN AVE.**

2.3 STREET ADDRESS

CITY-ST-ZIP **ORLANDO FL 32835**

2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **FLOWERS, MINNIE L MRS**
STREET ADDRESS **4875 35TH AVE.**
CITY-ST-ZIP **VERO BEACH FL 32967**

3.1 TITLE ☐ Change ☐ Addition

NAME **CHAMPION, WILLIAM REV**

4.1 TITLE

STREET ADDRESS **2650 N COMANCHE PT.**

4.2 NAME

CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **DM** ☐ DELETE

NAME **HAGABROOK, CHARLES REV**
STREET ADDRESS **6240 FULTON COURT**
CITY-ST-ZIP **ORLANDO FL 32835**

5.1 TITLE ☐ Change ☐ Addition

NAME **HAGABROOK, CHARLES REV**

5.2 NAME

STREET ADDRESS **6240 FULTON COURT**

5.3 STREET ADDRESS

CITY-ST-ZIP **ORLANDO FL 32835**

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OF BEVERLY A. CARTER 4-29-99 407-578-3466

Date

Daytime Phone #

CR2E037 (11/98)