

FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

533066 - 90145 - 04



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/27/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0404671	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
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

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLOWERS, MINNIE L MRS			3.2 NAME			
STREET ADDRESS	4875 35TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32967			3.4 CITY-ST-ZIP			
TITLE	AVP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAMPION, WILLIAM REV			4.2 NAME			
STREET ADDRESS	2650 N COMANCHE PT.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL 34429			4.4 CITY-ST-ZIP			
TITLE	DM	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 OF BEVERLY A. CARTER* 4-29-99 407-578-3466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)