FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000002124 (6) DOCUMENT

CHI ALPHA/NEW BEGINNINGS CHRISTIAN FELLOWSHIP IN

FILED Feb 04 1998 8:00am Secretary of State



L.								
Principal Place of Business Mailing Address								
9917 MOSS POND DR. 9917 MOSS POND DRI								3. Date Incorporated or Qualified
BOCA RATON	FL 33496			ICA RATON FL 33496				05/07/1993
us			US	•				4. FEI Number Applied For
								65-0413696 Not Applicable
2. Principal P	lace of Busir	ness	2a.	Mailing Address				5. Certificate of Status Desired S8.75 Additional
21 2//	ME_		26	JAME				Fee Required
Suite, Apt.	#, e(C.		27	Suite, Apt, #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	е			City & State				7. Is this nonprofit corporation a homeowners association?
23			28					☐ Yes ☐ No
Zip		Country	-	Zip	H-1	untry	/	8. This corporation owes or has paid the current year Intangible. Personal Property Tax due June 30. Yes 17 No
24		25 and Address of Cur	29 rent Regis	tered Agent	30	Т		Personal Property Tax due June 30. Yes PNo 10. Name and Address of New Registered Agent
			I - I - I - I - I - I - I - I - I -	totou rigoni		81	Name	
LORTIE	JOSEPH					82	Chrost	et Address (P.O. Box Number is Not Acceptable)
9917 MOSS POND DRIVE						62	Street	et Address (P.O. Box Number is Not Acceptable)
BOCA R	ATON FL 3	3498				83		
						84	City	85 Zip Code
11. Pursuant	to the provisi	one of Sections 617 (1502 and 6	17 1508 Florida Statu	tes the	hov	e-named	FL of corporation submits this statement for the purpose of changing its registered
office or re	egistered ag	ent, or both, in the St	ate of Flori	da. Such change was f Section 617 0503 F	authorize	ed by	the cor	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE _	THE PERSON AND THE	an and adopt the or	ngatone o	,, 00000, 017, 0000, 1		· ·	. ,	·
<u> </u>	Signature, typed	or printed name of registered				ed Ag	ent signature	ature required when reinstating) DATE
12.		CFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	IOCEDI I		☐ DELETE		ITLE		☐ Change ☐ Addition
NAME		Joseph DSS Pond DR				IAME		
STREET ADDRESS		ATON FL 33496			•		ADDRESS	35
CITY-ST-ZIP TITLE	SD SD	ATON FL 33490		DELETE		IIIY-S	T-ZIP	Change Addition
NAME	LORTIE,	DONNA				IAME		Containing Containing
STREET ADDRESS		OSS POND DR.					ADDRESS	28
CITY-ST-ZIP		ATON FL 33496					\$T-ZIP	·
TITLE	ST			☐ DELETE	_	TLE	· ·	Change Addition
NAME	SNOW, (COLIN			3.2 N	IAME		
STREET ADDRESS		ATTI COURT			3.3 5	TREET	ADDRESS	SS .
CITY-ST-ZIP	SANTA 3	OSE CA 95123			3.4.	CITY-	ST- ZIP	
TITLE				☐ DELETE	4.1 T	ITLE		☐ Change ☐ Addition
NAME					4.21	NAME		
STREET ADDRESS					4.3 \$	TREET	ADDRESS	SS .
CITY-ST-ZIP					4,4 0	my-S	T-ZIP	
TITLE				DELETE	5.1 T	ITLE		☐ Change ☐ Addition
NAME					5.2 N	IAME		
STREET ADDRESS					5.3 S	TREET	ADDRESS	is
CITY-ST-ZIP				[ITY-S	T-ZIP	
TITLE				DELETE	6,1 T			☐ Change ☐ Addition
NAME					6.2 N			
STREET ADDRESS					6,3 \$	TREET	ADDRESS	s
CRTY-ST~ZGP					6.4 0	iTY-S	T-71P	1

I hereby cert ty that the information supplied with this filling 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.

SIGNATURE: