

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N93000005515 (2)**

1. Corporation Name

CHRIST HOUSING AND MINISTRIES PROGRAMS, INC.

Principal Place of Business

Mailing Address

XXXXXX AVENUE WEST 1106 46th Ave. XXXXXXXX
BRADENTON FL 34205 East BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/30/1993** 3a. Date of Last Report **05/04/1996**

2. Principal Place of Business 21 **As Above** 2a. Mailing Address 2a **As Above**

4. FEI Number **65-0451044** Applied For Not Applicable

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State 23 City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip 24 Country 25 Zip 29 Country 30

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

10. Name and Address of New Registered Agent

BURGESS, LETHA W
2009 20TH AVENUE WEST *1106 46th Ave East*
BRADENTON FL 34205 *34203*

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 *Letha W. Burgess*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BURGESS, LETHA W**
STREET ADDRESS **2009 20TH AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL 34205**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Boyer, Allene**
1.3 STREET ADDRESS **6214 7th Avenue W.**
1.4 CITY-ST-ZIP **Bradenton, FL 34209**

TITLE **D** ☐ DELETE
NAME **DUNLAP, NITA**
STREET ADDRESS **6310 28TH AVENUE WEST**
CITY-ST-ZIP **BRADENTON FL 34209**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Knauer, Mary**
2.3 STREET ADDRESS **4742 10th At. E.**
2.4 CITY-ST-ZIP **Bradenton, FL 34203**

TITLE **D** ☒ DELETE
NAME **ALLERS, REV NORMAN**
STREET ADDRESS **484 SATURAN AVE**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Morris, Bonnie**
3.3 STREET ADDRESS **3170 Lake Bayshore Drv.**
3.4 CITY-ST-ZIP **Bradenton, FL 34205**

TITLE **D** ☐ DELETE
NAME **WADDELL, ROBERT J**
STREET ADDRESS **5728 21ST STREET WEST**
CITY-ST-ZIP **BRADENTON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **STRIGHT, JOHN O**
STREET ADDRESS **476 PALM TREE DRIVE**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE SIGNATURE REQUIRED

Letha W. Burgess *1641730 9303*

CP2E037 (4/97)

FILED
Sep 10 1997 8:00am
Secretary of State

