FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N94000000691 (5)

CHRISTIAN FOUNDATION MINISTRIES, INC.

| Principal Place of Business Mailing Address | | | | | | | | 11 BEILS GILLS | 10101 (101 1001 |
|---|--|--|-------------------|--------------------------------|--|---|----------------|---------------------------------|--------------------|
| 9018 LAKE SI Yalaha Fil 3 | | 9018 LAKE SHORE DR. YALAHA FL 34797 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 02/07/1994 | | te of Last)3/28/19 | |
| - | ace of Business | 2a. Mailing Address | Mailing Address | | | 4. FEI Number NOT APPLICABLE | | - + | Applied For |
| 21 Suite Act # etc | | Suite, Apt. #, etc. | | | Not Applicate Not Applicate S8.75 Additional | | | Not Applicable | |
| Suite, Apt. #, etc. | | 27 | | | 5. Certificate of Status Desired | | + | Required | |
| City & State | | City & State | | | 6. Election Campaign Financing | | | 0 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | | d to Fees | |
| Ζφ | Country | Ζφ | Coul | ntry | | 8. This corporation has liability for it | | | 199.032, |
| 24 | 9. Name and Address of Curre | 29 Agent | 30 | | | Florida Statutes 10. Name and Address of New R | Yes | | |
| | 9, Name and Address of Cont | int negistered Agent | | 81 | Name | To. Name and Address of New Pa | - Wistered | Agent | |
| CDAING | ED TAMES C | | | | | | . , | | |
| GRAINGER, JAMES G 9018 LAKE SHORE DR. | | | | 82 | Street Ade | Iciress (P.O. Box Number is Not Acceptable) | | | |
| YALAHA FL 34797 | | | | 83 | | | | | |
| | | | } | 84 | City | | | 85 Zr | o Code |
| | | | | | | pration submits this statement for the pur | <u> </u> | | |
| *SIGNATURE | th, and accept the obligations of, Sei | est and little 1 a, given live | (NOTE: Bagisteren | Agen | it signature requir | rad when renstating) | DATE | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS CHANGES TO OFF | | | |
| TITLE | DP DELEI | | | | | | l | Change | Addition |
| name Street address | GRAINGER, JAMES G 9018 LAKE SHORE DR. | | 1 2 NA | | ADDRESS | | | | |
| CITY-ST-ZIP | YALAHA FL 34797 | | | | IT - ZIP | | | | |
| TITLE | D | DELETE | 2 1 Til | | ,. <u>L</u> | |] | Change | ☐ Addition |
| NAME" | DUTTON, DENNIS M | | 2 2 NA | MF | | | | | |
| STREET ADDRESS | 31641 ALANE CT. | | 2351 | RÉET | ADDRESS | | | | |
| CITY - ST - ZIP | TAVARES FL 32778 | | 2 4 C | | S1 · ZIP | ARMAN | | | Promise Assessment |
| TITLE | D TRACK | DELETE | 3 1 11 | | | | l | Change | Addition |
| NAME | ANTONE, TRACY 16929 CR/48 | | 3 2 NA | | ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | MT. DORA FL 32757 | | | | S1-ZIP | | | | |
| TITLE | MIT DOTATE OFF | DELETE | 4.1 Ti | | 31-21 | 7000012 | | Change | Addition |
| NAME | | 4 21 | | 4 2 NAME 4 3 STREET ADDRESS | | 700001771826 Addition -04/08/9601023006 ***61.25 | | | |
| STREET ADDRESS | ss | | 4 3 ST | | | | | | |
| CHTY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | 4 4 01 | | ST-ZIP | | | | |
| TITLE | | DELETE | 511 | | | | [| Change | ☐ Addition |
| NAME | | | 5 2 NA | | | | | | |
| STREET ADDRESS | | | | | ADORESS | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5 4 CI | | ST - ZIP | | | Change | Addition 🗸 |
| NAME | | | 62 NA | | | | | | - 06B |
| STREET ADDRESS | | | | | ADDRESS | | | | QXVV |

CITY-ST-ZIF

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 glianged, or on an attachment with an address.

SIGNATURE:

3-30-96 352 (324-2773)