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

DOCUMENT #

CITY-ST-ZIP

N94000000691 (5)

CHRISTIAN FOUNDATION MINISTRIES, INC.						
Principal Place of Business		Mailing Address	Mailing Address			ABDIT ABITA BITAN TATAN IKAT AFAL
9018 LAKE SHORE DR. YALAHA FL 34797		9018 LAKE SHORE DR. YALAHA FL 34787		3. Date Incorporated or Qualified 02/07/1994 4. FEI Number	Applied For	
A 53		I Do Mailling Address			NOT APPLICABLE	Not Applicable
		2a. Mailing Address	ang Address		5. Certificate of Status Desired	\$8.75 Additional Fee Reguland
		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
27					Trust Fund Contribution	Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeown	
23		28				□ No
Zip	Country	Zip	Country		 This corporation owes or has paid the or Personal Property Tax due June 30. 	urrent year Intangible Yes No
24	9. Name and Address of Curre		30		10. Name and Address of New Registered	
	G. (talle alla radios of call		81	Name		
GRAINGER, JAMES G			82	Stroot Add	Iress (P.O. Box Number is Not Acceptable)	
9018 LAKE SHORE DR.			62	Sileer Aug	iless (F.O. Box Number is Not Acceptable)	
YALAHA FL 34797			83			
			84	City	F	85 Zip Code
44 Duraupat	to the provisions of Sections 617 05	ing and 617 1509. Florida Statutor	e the above	a-named cor	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the Statement for successions of the statement of the statemen	le of Florida. Such change was au gations of, Section 617.0503, Flori	ithorized by	the corpora	poration submits this statement for the purpose tition's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE						
	Signature, typed or printed name of registered a	gent and little if applicable. (NOTE: ND DIRECTORS	Registered Age	uper erulengia fre	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12.	OFFICERS AI	DELETE	1.1 TOTLE		ABBITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	GRAINGER, JAMES G		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			:
CITY-ST-ZIP	4144 4114 51 4455		1.4 CITY-ST-ZIP			
TITLE	D DELETE		2.1 TITLE			Change Addition
NAME	<u> </u>		2.2 NAME	1		
STREET ADDRESS	31641 ALANE CT.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	ZIP TAVARES FL 32778			ST-ZIP		
TITLE	D Z DELETE					Change Addition
NAME	ANTONE, TRACY		3.2 NAME	ļ		
STREET ADDRESS	16929 CR/48		3.3 STREET	ADDRESS		
CITY-ST-ZIP	MT. DORA FL 32757	T DELETE	3.4. CITY - 5	ST-ZIP		Change Addition
TITLE	BACKUCALAN	☐ DELETE	4.1 TITLE			Change Addition
NAME	ROCKY COLON		4. 2 NAME			
STREET ADDRESS	Transpay 13 Ki	35150 CW/AS	4.3 STREET			
CITY-ST-ZIP	LADY LAKE FL.	7419 9 / W/H 7	4.4 CITY - S 5.1 TITLE	51 - ZIP		Change Addition
TITLE	TAY HILDEBRA	AND	5.2 NAME			
NAME OTRECT ADDRESS	TAY HILDERA THY E. STATER WILD WOOD FL. 3	AD UU	5.3 STREET	ADDRESS		
STREET ADDRESS	LIVITATION EL B	478469626 (N/A)	5.4 CITY - S			
CITY-ST-ZIP TITLE	MITH MOON LT. 2	DELETÉ	6.1 TOTLE	. 41		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

14. 1 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.

6.4 CITY-ST-ZIP

FILED

May 19 1998 8:00am

Secretary of State