

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Aug 27 1998 8:00am
Secretary of State

DOCUMENT # N94000003188 (9)

1. Corporation Name

CHRISTIAN MARK PERRY FOUNDATION, INC.



Principal Place of Business

Mailing Address

1301 OAK FOREST DRIVE
 ORMOND BEACH FL 32174

1301 OAK FOREST DRIVE
 ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

06/22/1994

4. FEI Number

59-3267969

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MOORE, WILLIAM T
1301 OAK FOREST DRIVE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when relating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PDC** DELETE
 NAME **MOORE, WILLIAM T. I**
 STREET ADDRESS **1340 RIDGEWOOD AVE**
 CITY-ST-ZIP **HOLLY HILL FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **1301 Oak Forest Drive**
 1.4 CITY-ST-ZIP **Ormond Beach, FL**

TITLE **VD** DELETE
 NAME **SKUDA, KRISTY**
 STREET ADDRESS **4421 S ATLANTIC AVE B-8**
 CITY-ST-ZIP **PONCE INLET FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **TD** DELETE
 NAME **RICHARDSON, JUDITH M.**
 STREET ADDRESS **1899 S. CLYDE MORRIS**
 CITY-ST-ZIP **DAYTONA BEACH FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **140 N. State Street**
 3.4 CITY-ST-ZIP **Holly Hill, FL**

TITLE **SD** DELETE
 NAME **THOMAS, PAMELA J.**
 STREET ADDRESS **1621 JOHN ANDERSON DR**
 CITY-ST-ZIP **ORMOND BY THE SEA FL**

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

TITLE **D** DELETE
 NAME **MAHER, REV. JOSEPH A.**
 STREET ADDRESS **80 BLUEBIRD LANE**
 CITY-ST-ZIP **ORMOND BEACH 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Pamela J. Thomas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-98

(904) 676-7192

Date Daytime Phone #

CR2E037 (5/98)