

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003194 (7)**

1. Corporation Name

**CHRISTIAN APOSTOLIC MINISTRIES, INC.**



Principal Place of Business <b>9400 67TH STREET NORTH PINELLAS PARK FL 34866</b>	Mailing Address <b>115 FOREST GROVE BLVD PALM HARBOR FL 34883 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified  
**06/28/1994**

4. FEI Number  
**59-3208649**

Applied For  
☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

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

**SMITH, BRUCE A  
115 FOREST GROVE BLVD.  
#408  
PALM HARBOR FL 34883**

*CORRECTIVE ADDRESS ONLY →*

10. Name and Address of New Registered Agent

81 Name **Smith, BRUCE A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **115 FOREST GROVE BLVD.**  
83  
84 City **PALM HARBOR,** FL 85 Zip Code **34883**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, BRUCE A</b>	1.2 NAME	
STREET ADDRESS	<b>115 FOREST GROVE BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DEBORAH DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>115 FOREST GROVE BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	2.4 CITY-ST-ZIP	
TITLE	VCT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MICHAEL W</b>	3.2 NAME	<b>VC TR</b>
STREET ADDRESS	<b>10229 57TH WAY N</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, JEAN S</b>	4.2 NAME	
STREET ADDRESS	<b>68273 CAMBRIDGE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADDAM, DONNIE R</b>	5.2 NAME	<b>TR / D</b>
STREET ADDRESS	<b>3745 APT. A 66TH AVE N</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: *Bruce A. Smith* **BRUCE A. Smith** 3/17/98 1-813-786-8326

CR2E037 (10/97)