


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 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 # **N94000003326 (5)**

1. Corporation Name

**CHRISTIAN COALITION FOUNDATION OF FLORIDA, INC.**



Principal Place of Business	Mailing Address
P.O. BOX 560219 ORLANDO FL 32856	P.O. BOX 560219 ORLANDO FL 32856

3. Date Incorporated or Qualified	07/06/1994
4. FEI Number	59-3254488
Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
DOWLESS, JOHN 5458 HOFFNER AVE STE 301 ORLANDO FL 32812	

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

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DOWLESS, JOHN
STREET ADDRESS	<del>8111 CLEMMWOOD ST.</del> 5458 Hoffner Ave.
CITY-ST-ZIP	<del>ORLANDO FL 32803</del> Orlando, FL 32856
TITLE	<input type="checkbox"/> DELETE
NAME	KARRER, MAX C
STREET ADDRESS	<del>3550 UNIVERSITY BLVD. S., STE. 301</del> 5458 Hoffner Ave.
CITY-ST-ZIP	<del>JACKSONVILLE FL 32210</del> Orlando, FL 32856
TITLE	<input type="checkbox"/> DELETE
NAME	STAVAR, MATHEW D
STREET ADDRESS	<del>1900 SUMMIT TOWER BLVD., STE. 540</del>
CITY-ST-ZIP	<del>ORLANDO FL 32810</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MD
1.3 STREET ADDRESS	5458 Hoffner Ave.
1.4 CITY-ST-ZIP	Orlando, FL 32856
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	5458 Hoffner Ave.
2.4 CITY-ST-ZIP	Orlando, FL 32856
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph Stokes
3.3 STREET ADDRESS	5458 Hoffner Ave.
3.4 CITY-ST-ZIP	Orlando, FL 32856
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *John Dowless* 5/11/98 (unz) 59-3254488

CR2E037 (10/97)