

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90729 006 ****61.25

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1. Entity Name

CHRISTIAN COALITION FOUNDATION OF FLORIDA, INC.



Principal Place of Business

160 W EVERGREEN AVE
STE 294
LONGWOOD FL 32750

Mailing Address

P.O. BOX 520578
LONGWOOD FL 32752

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3254488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSTALKIEWICZ, JOHN
6000 S RIO GRANDE AVE
STE 201
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

WILLIAM K. STEPHENS

Street Address (P.O. Box Number is Not Acceptable)

160 W. EVERGREEN

SUITE 294

City

LONGWOOD

FL

Zip Code

32752

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME DOWLESS, JOHN ☐ Delete
STREET ADDRESS 160 W EVERGREEN AVE STE 294
CITY-ST-ZIP LONGWOOD FL 32780

TITLE D
NAME KIEWICZ, JOHN O ☐ Delete
STREET ADDRESS 160 W EVERGREEN AVE, STE 294
CITY-ST-ZIP LONGWOOD FL 32752

TITLE D
NAME MOORE, CHRISTINE ☐ Delete
STREET ADDRESS 160 W EVERGREEN AVE STE 294
CITY-ST-ZIP LONGWOOD FL 32780

TITLE D
NAME MELSON, WALTER N ☐ Delete
STREET ADDRESS 169 W. EVERGREEN AVE, STE 94
CITY-ST-ZIP LONGWOOD FL 32752

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04 407-834-3440