FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

Zip

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

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DOCUMENT # NO4000003806

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Corporation Name	I T INSTU		0000		
THEOPOLIS FA	MILY CHURCH, I	NTERNAT	rional, inc	•	
Principal Place of Busin	Mailing Address				
920 BEVILLE RD DAYTONA BEACH FL 32114		920 BEVILLE RD DAYTONA BEACH FL 32114			
2. Principal Place of Bu	usiness	2a.	Mailing Addres	s	
21		26			
Suite, Apt. #, etc.		\vdash	Suite, Apt. #, e	tc.	
22		27	·		
City & State		City & State			
23		28			
Zip	Country		Zip	Country	

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9. Name and Address of Current Registered Agent

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90062 006 ****70.00

102048 · 90062 · 6



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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

08/02/1994 4. FEI Number

59-3261247

		81	Name				
CHAMPION, ROBERT S		82	Street	Address (P.O. Box Number is Not Acceptable)			
913 PELICAN BAY DR			0001				
DAYTONA BEACH FL 32119		83					
DATIONA	DENOTITE SETTS	-	-014	85 Zip Code			
		84	City	FL 1° 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
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							
<u>.</u>		13.	t signature i	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	OFFICERO ARE SINESTORO	1.1 TITLE		Change Addition			
TITLE .	U	1.2 NAME	'				
NAME :	. Chamilton, nobern o		4D0DE00	'			
STREET ADDRESS	STEED STOTE CHOOSE OF		ADDRESS				
CITY-ST-ZIP	The second secon	1.4 CITY-ST	-ZIP	Change Addition			
TITLE		2.1 TITLE					
NAME	OF PARTITION, OATIOE E	2.2 NAME					
STREET ADDRESS	313 I EDOAN DAT DIT	2.3 STREET	ADDRESS				
CITY-ST-ZIP	5777 6787 62570777 678770	2. 4 CITY-S	r-zip	☐ Change ☐ Addition			
TITLE	D DELETE	3.1 TITLE		☐ Change ☐ Addition			
NAME	WOLFE, BENNICE	3.2 NAME					
STREET ADDRESS	TREET ADDRESS RT 10 BOX 595		ADDRESS				
CITY-ST-ZIP	D. C. O/ 11 / C OEOOO	3.4. CITY-S	T-ZIP				
TITLE	DELETE	4.1 TITLE		D Change ☐ Addition			
NAME	HOCKERSMITH, CARY	4. 2 NAME		Champion, CAPNILL			
STREET ADDRESS	610 TURNSTONE TRACE	4.3 STREET	ADDRESS	920 Beville Rogal			
CITY-ST-ZIP	NEW SYMERNA BEACH FL 32168	4.4 CITY-S1	-ZIP	DAYTONA BEACH F1-32114			
TITLE	D DELETE	5.1 TITLE		☐ Change ☐ Addition			
NAME	CHAMPION, ERIC	5.2 NAME					
STREET ADDRESS	1432 MOLLIE RD.	5.3 STREET	ADDRESS				
CITY-ST-ZÎP	DAYTONA BEACH FL 32114	5.4 CITY-ST	-ZIP				
TITLE		6.1 TITLE		☐ Change ☐ Addition			
NAME		6.2 NAME					
STREET ADDRESS	ļ.	6.3 STREET	ADDRESS				
CITY-ST-ZIP		6.4 CITY-\$1		·			
14. I hereby d	certify that the information supplied with this filing does not qualify for the	exempti	on stated	d 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 securate 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 yequined 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, with all other like impowered.

CR2E037 (11/98)

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional