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Jan 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000004091 (4)

1. Corporation Name

CHRISTIAN INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

Mailing Address

300 GOLF BROOK CR.
#210
LONGWOOD FL 32779
US

300 GOLF BROOK CR
#210
LONGWOOD FL 32779
US

3. Date Incorporated or Qualified

08/22/1994

4. FEI Number

59-3263838

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, LORAN A
215 N EOLA DR
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MCDONALD, NEVILLE G	1.2 NAME	MCDONALD, NEVILLE G
STREET ADDRESS	300 GOLF BROOK CR	1.3 STREET ADDRESS	6963 SYLVAN WOODS DRIVE
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	SANFORD FL 32771
TITLE	DPST	2.1 TITLE	DPS
NAME	MCDONALD, WENDY A	2.2 NAME	MCDONALD, WENDY A
STREET ADDRESS	300 GOLF BROOK CR	2.3 STREET ADDRESS	6963 SYLVAN WOODS DRIVE
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	SANFORD FL 32771
TITLE	D	3.1 TITLE	D
NAME	ROBERTS, FREDDIE L	3.2 NAME	ROBERTS, FREDDIE L
STREET ADDRESS	314 E AMELIA ST	3.3 STREET ADDRESS	6963 SYLVAN WOODS DRIVE
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	SANFORD FL 32771
TITLE		4.1 TITLE	T
NAME		4.2 NAME	RAE, DOROTHEA M
STREET ADDRESS		4.3 STREET ADDRESS	6939 SYLVAN WOODS DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SANFORD FL 32771
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

1/16/98 (401) 293-7449 ext. 1211

CR2E037 (10/97)