

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90001 043 \*\*\*\*61.25

DOCUMENT # N94000004091

1. Corporation Name

CHRISTIAN INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

300 GOLF BROOK CR.  
#210  
LONGWOOD FL 32779  
US

Mailing Address

300 GOLF BROOK CR  
#210  
LONGWOOD FL 32779  
US

584580 - 90001 - 43



2. Principal Place of Business

1 6963 SYLVAN WOODS DR

2a. Mailing Address

26 PMB 212

3. Date Incorporated or Qualified

08/22/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3263838

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

3 SANFORD FL

28 ALTAMONTE SPRINGS FL

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip Country

Zip Country

4 32771 25 US

29 32714-7050 30 US

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME MCDONALD, NEVILLE G  
STREET ADDRESS 6963 SYLVAN WOODS DR  
CITY-ST-ZIP SANFORD FL 32771

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME MCDONALD, WENDY A  
STREET ADDRESS 6963 SYLVAN WOODS DR  
CITY-ST-ZIP SANFORD FL 32771

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ROBERTS, FREDDIE L  
STREET ADDRESS 6963 SYLVAN WOODS DR  
CITY-ST-ZIP SANFORD FL 32771

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME RAE, DOROTHEA M  
STREET ADDRESS 6963 SYLVAN WOODS DR  
CITY-ST-ZIP SANFORD FL 32771

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

6/29/99 407.293.7449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000967

CR2E037 (5/99)