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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005383 (4)**

1. Corporation Name

CHRISTIANS UNITED FOR THE HOLY LAND INC.

Principal Place of Business

**4120 FOXBORO DR.
NEW PORT RICHEY FL 34653**

Mailing Address

**4120 FOXBORO DR.
NEW PORT RICHEY FL 34653-6224**



3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report
04/25/1996

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

4. FEI Number
59-3278354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAKOLSKY, LOUIS A REV
4120 FOXBORO DR
NEW PT RICHEY FL 34653**

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

TITLE **P** ☐ DELETE

NAME **SAKOLSKY, REV. LOUIS A.**
STREET ADDRESS **4120 FOXBORO DR.**
CITY - ST - ZIP **NEW PORT RICHEY FL**

TITLE **V** ☐ DELETE

NAME **MIKRES, JEFFREY G.**
STREET ADDRESS **39850 #733 US 19 N**
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **ST** ☐ DELETE

NAME **MIKRES, NANCY L.**
STREET ADDRESS **39850 #733 US 19 N**
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **SAKOLSKY, CAROL A.**
STREET ADDRESS **4120 FOXBORO DR.**
CITY - ST - ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE

NAME **YOUNG, ERIC E.**
STREET ADDRESS **1401 WILSON RD.**
CITY - ST - ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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: *Rev Louis A. Sakolsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14, 1997

Date

Daytime Phone #

0088047

CR2E037 (9/96)