

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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 |
|---|---|

3. Date Incorporated or Qualified

10/28/1994

4. FEI Number

59-3278354

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SAKOLSKY, REV. LOUIS A. | |
| STREET ADDRESS | 4120 FOXBORO DR. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | | |
|----------------|---------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | MIKRES, JEFFREY G. | |
| STREET ADDRESS | 39650 #733 US 19 N | |
| CITY-ST-ZIP | TARPON SPRINGS FL | |

| | |
|--------------------|--|
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | T. DENISE YOUNG |
| 2.3 STREET ADDRESS | 1401 WILSON RD |
| 2.4 CITY-ST-ZIP | CLEARWATER, FL |

| | | |
|----------------|---------------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> DELETE |
| NAME | MIKRES, NANCY L. | |
| STREET ADDRESS | 39650 #733 US 19 N | |
| CITY-ST-ZIP | TARPON SPRINGS FL | |

| | |
|--------------------|--|
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ST. BARBARA VECCHIO |
| 3.3 STREET ADDRESS | 470 FAIRWOOD AVE #153 |
| 3.4 CITY-ST-ZIP | CLEARWATER, FL 33759 |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SAKOLSKY, CAROL A. | |
| STREET ADDRESS | 4120 FOXBORO DR. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | YOUNG, ERIC E. | |
| STREET ADDRESS | 1401 WILSON RD. | |
| CITY-ST-ZIP | CLEARWATER FL | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

PRESIDENT.

SIGNATURE: *Rev Louis A. Sakolsky* **LOUIS A. SAKOLSKY 2-17-98 813-376-8849**

CR2E037 (10/97)