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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90082 036 \*\*\*\*61.25

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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



2. Principal Place of Business

21 6273 CRESCENT LAKE WAY  
Suite, Apt. #, etc.

2a. Mailing Address

26 6273 CRESCENT LAKE WAY  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/28/1994

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

22 City & State

23 LAKE WORTH, FL  
Zip Country

27 City & State

28 LAKE WORTH, FL  
Zip Country

24 33463-7920 25

29 33463-7920 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE T  
NAME YOUNG, DENIS  
STREET ADDRESS 1401 WILSON ROAD  
CITY-ST-ZIP CLEARWATER FL

TITLE ST  
NAME VECCHIO, BARBARA  
STREET ADDRESS 470 FAIRWOOD AVENUE #153  
CITY-ST-ZIP CLEARWATER FL 33759

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

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

TITLE  
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 6273 CRESCENT LAKE WAY  
1.4 CITY-ST-ZIP LAKE WORTH, FL 33463-7920

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 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: REV SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5, 1999

Date

561-649-9005

Daytime Phone #

0071423

CR2E037 (41/98)