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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000579 (1)

1. Corporation Name

MEGALIFE CHRISTIAN CENTER INC.



Principal Place of Business

Mailing Address

**1175 NORTH COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

**1175 NORTH COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINTON, GONA
2522 SUWANNEE DRIVE
COCOA FL 32926**

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 NAME STREET ADDRESS CITY-ST-ZIP

President Gona R. Linton ☐ DELETE

2522 Suwannee Dr.

Cocoa FL 32926 **P/D**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President-Treasurer ☒ DELETE

Phil Ragan

115 Blue Jay Ln.

Merritt Island, FL 32953 **V/T/D**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vice President-Secretary ☐ DELETE

Bruce Black

3750 Atlanta St.

Cocoa, FL 32926 **V/S/D**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Vice President - Treasurer** ☐ Change ☒ Addition

12 NAME **Jeffrey Jay Armbrust**

13 STREET ADDRESS **179 San Filippo Dr. S.E**

14 CITY-ST-ZIP **Palm Bay, FL 32909** **V/T/D**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100001864251

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Gona R. Linton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96 (407) 632-7513
Date Daytime Phone #

CR2E037 (12/95)