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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

1175 NORTH COURTENAY PARKWAY  
MERRITT ISLAND FL 32953

Mailing Address

1175 NORTH COURTENAY PARKWAY  
MERRITT ISLAND FL 32953-4514

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
02/06/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-3297432

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

LINTON, GONA  
2522 SUWANNEE DRIVE  
COCOA FL 32926

81 Name Bruce Black  
82 Street Address (P.O. Box Number is Not Acceptable)  
3750 Atlanta St.  
83  
84 City Cocoa FL 85 Zip Code 32926

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 Bruce Black

4/30/97

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/D  
NAME LINTON, GONA R.  
STREET ADDRESS 2522 SUWANNEE DR.  
CITY-ST-ZIP COCOA FL 32926 Change to VSD

TITLE VTD  
NAME RAGAN, PHIL  
STREET ADDRESS 115 BLUE JAY LANE  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE VSD  
NAME BLACK, BRUCE  
STREET ADDRESS 3750 ATLANTA ST.  
CITY-ST-ZIP COCOA FL 32926 Change to P/D.

TITLE VTD  
NAME ARMBRUST, JAY JEFFREY  
STREET ADDRESS 179 SAN FLIPPO DR. SE  
CITY-ST-ZIP PALM BAY FL 32909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D  
1.2 NAME Black, Bruce  
1.3 STREET ADDRESS 3750 Atlanta St.  
1.4 CITY-ST-ZIP Cocoa, FL 32926 Change Addition

2.1 TITLE VSD  
2.2 NAME Gona R. Linton  
2.3 STREET ADDRESS 2522 Suwannee Dr  
2.4 CITY-ST-ZIP Cocoa, FL 32926 Change Addition

3.1 TITLE SD  
3.2 NAME Susan Black  
3.3 STREET ADDRESS 3750 Atlanta St  
3.4 CITY-ST-ZIP Cocoa, FL 32926 Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP Change Addition

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 B SIGNATURE

DATE (typed) 4/30/97

CR2E037 (9/96)