

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90023 025 ****70.00

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1. Corporation Name

CHRISTIAN INTERNATIONAL MISSIONS UNLIMITED, INC.

Principal Place of Business
32 GLORY ROAD
SANTA ROSA BEACH FL 32459

Mailing Address
32 GLORY ROAD
SANTA ROSA BEACH FL 32459



2. Principal Place of Business

2a. Mailing Address

21 30 Apostles Way
Suite, Apt. #, etc.

26 30 Apostles Way
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
05/03/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22
City & State

City & State

23 Santa Rosa Beach, FL
Zip Country

28 Santa Rosa Beach, FL
Zip Country

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32459

25 USA

29 32459

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENNINGS, WILLIAM K
99 N 6 ST
DEFUNIAK SPRINGS FL 32433

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BUCK, DARRELL**
STREET ADDRESS **32 GLORY RD**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Buck, Darrell**
1.3 STREET ADDRESS **30 Apostles Way**
1.4 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **D** ☐ DELETE
NAME **BUCK, LENORA**
STREET ADDRESS **32 GLORY RD**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

2.1 TITLE **V/D** ☒ Change ☐ Addition
2.2 NAME **Buck, Lenora**
2.3 STREET ADDRESS **30 Apostles Way**
2.4 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE **D** ☐ DELETE
NAME **ERVIN, JIM**
STREET ADDRESS **100 APOSTLES WAY**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

3.1 TITLE **T/S/D** ☐ Change ☒ Addition
3.2 NAME **Buck, David**
3.3 STREET ADDRESS **30 Apostles Way**
3.4 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Buck, Brian**
4.3 STREET ADDRESS **2690 Mt. Vernon Rd.**
4.4 CITY-ST-ZIP **Dunwoody, GA 30338**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Buck, Richard**
5.3 STREET ADDRESS **8716 E. Oak St.**
5.4 CITY-ST-ZIP **Scottsdale, AZ 85257**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)