FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90074 025 ****61.25

FILED

1999

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DOCU	MENT # N95000							
IN HIS I	MAGE: A CHRISTIAN SACR	ED DANCE MINISTRY,	•					
Principal Place of Business Mailing Address					_			
2183 LOGAN STREET CLEARWATER FL 33765 US		2183 LOGAN STREET CLEARWATER FL 34625						
2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 04/28/1995			
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number		App	lied For
22		27			59-3326010			Applicable
City & Sta	te		**************************************	:	5. Certifcate of Status Desired		\$8.75 A	,
Zip	Country Zip 29			intry	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered	Agent	
				81 Name				[
BEYER, JANET E				82 Street Address (P.O. Box Number is Not Acceptable)				
2183 LOGAN STREET				 				
CLEARWA	ATER FL 34625			83				}
· •				84 City		FL	85 Zip C	ode
		10174500 FL ::: 01-1::	. 45	<u> </u>	poration submits this statement for the		changing its r	registered
office or	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was au	thorized	d by the comoration	on's board of directors. I hereby accep	t the appoi	ntment as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if emilicable (NOTE:	Registered	I Agent signature require	d when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 Ti	TLE		<u></u>	☐ Change	☐ Addition
NAME	BEYER, JANET E		1.2 N	AME				ľ
STREET ADDRESS	1		1.3 S	TREET ADDRESS				Ì
CITY-ST-ZIP	CLEARWATER FL 33765		1.4 C	TTY-ST-ZIP				
TITLE	VSD	☐ DELETE	2.1 T	TLE			Change	Addition
NAME ;	SMITH, SUSAN W		2.2 N	AME				
STREET ADDRESS	2183 LOGAN ST		2.3 S	TREET ADDRESS]
CITY-ST-ZIP	CLEARWATER FL 33765		2.40	CITY-ST-ZIP				
TITLE	TD .	☐ DELETE	3.1 TI	πE			Change	☐ Addition
NAME	MOORE, CRYSTAL		3.2 N	AME .			•	
STREET ADDRESS	2183 LOGAN ST		3.3 S	TREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33765		_	ITY-ST-ZIP				
TITLE	DELETE		4.1 ∏	1			Change	☐ Addition
NAME)		4.2N					1
STREET ADDRESS	5			TREET ADDRESS				
CITY-ST-ZIP		- Delete	-	ITY-ST-ZIP			Change	Addition
TITLE	Į	☐ DELETÉ	5.1 TI	J			CT custiline	
NAME	1		5.2 N]
STREET ADDRESS	\$!		5.3 S	TREET ADDRESS				

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 suppliemental 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 appear with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE

☐ Addition