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Apr 14 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 # N95000002329 (9)

1. Corporation Name

CHRIST AID, INC.

Principal Place of Business

4060 BRAMBLEWOOD LN
TITUSVILLE FL 32780

Mailing Address

P.O. BOX 854
MIMS FL 32754-0854



2. Principal Place of Business

21 4150 Mt. Sterling

Suite, Apt. #, etc.

City & State

23 Titusville, FL

Zip

24 32780

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report
04/12/1996

4. FEI Number

59-3353310

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

BRADLEY, FRANCIS M
427 TIMBERLAKE DRIVE
MELBOURNE FL 32940

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 PD ☐ DELETE

NAME CHAMBERLAIN, JEFF
STREET ADDRESS 3025 TELKA LYNN
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE VD ☐ DELETE

NAME CHAMBERLAIN, JOYCE
STREET ADDRESS 3025 TELKA LYNN
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE STD ☐ DELETE

NAME DAVIS, TOM
STREET ADDRESS 4060 BRAMBLEWOOD LANE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME CHAMBERLAIN, JEFF
1.3 STREET ADDRESS 4150 Mt. Sterling
1.4 CITY-ST-ZIP Titusville, FL 32780

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME CHAMBERLAIN, JOYCE
2.3 STREET ADDRESS 4150 Mt. Sterling
2.4 CITY-ST-ZIP Titusville, FL 32780

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME DAVIS, TOM
3.3 STREET ADDRESS 4060 BRAMBLEWOOD LN.
3.4 CITY-ST-ZIP TITUSVILLE FL, 32780

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Hensley, Gwyneth
4.3 STREET ADDRESS 845 Edgewood Dr
4.4 CITY-ST-ZIP Titusville, FL 32780

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 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.

CR2E037 (9/96)