

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005030 (0)

1. Corporation Name

CHRIST CHURCH THE CRUCIFIED WAY, INC.



Principal Place of Business

2664 LARAMIE STREET
FORT MYERS FL 33916

Mailing Address

2664 LARAMIE STREET
FORT MYERS FL 33916

3. Date Incorporated or Qualified
10/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0632444

☒ 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

22

27

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGVALSON, KINLEY I
2121 MCGREGOR BLVD.
FORT MYERS FL 33901

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 PTD ☐ DELETE
NAME HENDLEY, CECIL
STREET ADDRESS 2664 LARAMIE STREET
CITY-ST-ZIP FORT MYERS FL 33916

TITLE VD ☐ DELETE
NAME HENDLEY, ERKIE
STREET ADDRESS 2664 LARAMIE STREET
CITY-ST-ZIP FORT MYERS FL 33916

TITLE D ☒ DELETE
NAME JACKSON, RUTH M
STREET ADDRESS 8731 ROSE COURT - Q6
CITY-ST-ZIP FORT MYERS FL 33919

TITLE S ☒ DELETE
NAME CALDWELL, MARY
STREET ADDRESS 4224 MICHIGAN COURT #389
CITY-ST-ZIP FORT MYERS FL 33916

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 DIRECTOR ☐ Change ☒ Addition
1.2 NAME BLACK, JACK
1.3 STREET ADDRESS 1759 ELAINE CT.
1.4 CITY-ST-ZIP FT. MYERS, FL 33916

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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 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:

Cecil Hendley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

Date

332-3720

Daytime Phone

3-112-962

CR2E037 (12/95)