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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N95000005681**

1. Corporation Name
CHURCH FOUNDATIONAL NETWORK, INC.

Principal Place of Business	Mailing Address
4900 FOREST CREEK DRIVE PACE FL 32571	4900 FOREST CREEK DRIVE PACE FL 32571

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/04/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3345542 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SUMRALL, KENNETH I
4900 FOREST CREEK DRIVE
PACE FL 32571

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUMRALL, KEN		1.2 NAME		
STREET ADDRESS	4900 FOREST CREEK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIMBAUGH, MARC		2.2 NAME		
STREET ADDRESS	555 NEWNAN ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CARROLLTON GA 30117		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOINER, L A		3.2 NAME		
STREET ADDRESS	4406 FOREST VALLEY CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALDOSTA GA 31602		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLLIS, JACK		4.2 NAME		
STREET ADDRESS	POST OFFICE BOX 450 NA		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARIANNA FL 32446		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAVICE, DAVID		5.2 NAME		
STREET ADDRESS	1321 LAKESHORE PL.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE GA 30501-1510		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, RON		6.2 NAME		
STREET ADDRESS	8590 HWY 98 WEST, BOX 3040		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		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: Ken Shumrall **SIGNATURE REQUIRED** 2-3-99 850 994 3178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)