

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000237 (5)**

1. Corporation Name

ANGEL CHRISTIAN TELEVISION TRUST, INC.

Principal Place of Business

**405 DOUGLAS AVENUE SUITE 1855 D
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**P.O. BOX 60777 PO Box 470470
ORLANDO FL 32869 TULSA OK
US 74147-0470
USA**

3. Date Incorporated or Qualified

01/11/1996

4. FEI Number

59-3359547

Applied For

Not Applicable

2. Principal Place of Business

8215 S. ELM PL.

2a. Mailing Address

PO Box 470470

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

BROKEN ARROW OK

City & State

TULSA OK

Zip

74011

Country

USA

Zip

74147-0470

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BEIK, STEPHEN W
1101 N LAKE DESTINY DRIVE
SUITE 130
MAITLAND FL 32751**

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

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 **PERRINS, RORY A**
STREET ADDRESS **COPPERTREE COURT, LOOSE MAIDSTONE**
CITY-ST-ZIP **KENT UNITED KINGDOM**

TITLE **VD** ☐ DELETE

NAME **PERRINS, WENDY J**
STREET ADDRESS **THE COPPINS COPPERTREE CT. LOOSE MAIDSTONE**
CITY-ST-ZIP **KENT UNITED KINGDOM**

TITLE **STD** ☒ DELETE

NAME **FLEMMING, RICHARD W STIRLIN**
STREET ADDRESS **P.O. BOX 60777**
CITY-ST-ZIP **ORLANDO FL 32860**

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **20 FRONT STREET**
1.4 CITY-ST-ZIP **NEWBOTTLE, TYNE & WEAR DH4 4LP**
ENGLAND

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **20 FRONT STREET**
2.4 CITY-ST-ZIP **NEWBOTTLE, TYNE & WEAR DH4 4LP**
ENGLAND

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **KATE Killoughrey**
3.3 STREET ADDRESS **94 VENTURA COURT**
3.4 CITY-ST-ZIP **NAPERVILLE ILL. 60540 USA**

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 **200002450082**
5.4 CITY-ST-ZIP **-03/09/98--01015--003**
*****61.25**

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE

27-2-98

44-191-495-2344

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