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NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600001740 (7)

FILED
May 11 1998 8:00am
Secretary of State

CHRISTIAN SUPPORT MINISTRIES, INC.								
Principal Plac	e of Business	Mailing Address		·-···		- 1 100111701 313 10110 01711 00111 00111 60711 60	AD 88401 14911 18911	OFFICE OFFICER
4191 SAN JUAN AVE. JACKSONVILLE FL 32210 4191 SAN JUAN AVE. JACKSONVILLE FL 32210						3. Date Incorporated or Qualified 03/17/1996 4. FEI Number		pplied For
						NOT APPLICABLE		ot Applicable
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired		Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00	Neguired	
22		27			Trust Fund Contribution	Added t		
City & Stat	6	City & State				7. Is this nonprofit corporation a homeowners association?		
Zip Country		Zip Country		•	8. This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due June 30.	Yes [□ No
	9. Name and Address of Curre	int Registered Agent		81 Nar		10. Name and Address of New Register	ed Agent	
BUCK 6	DAMED AA		[81 Nar	ne			
BUSH, DAVID M 4191 SAN JUAN AVE.			[82 Stre	et Addre	dress (P.O. Box Number is Not Acceptable)		
	NVILLE FL 32210		ħ	B3				
].	B4 City			let 35	O+#-
			i	1 1		F		Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 617.1508, Florida Si e of Florida. Such change v gations of, Section 617.0500	tatutes, the abvas authorized 3, Florida Statu	ove-nam by the c ites.	ed corpo orporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the of	a of changing I appointment as	its registered registered
	Signature, typed or printed name of registered an		(NOTE: Registered	Agent signs	ture required			
12.	OFFICERS AT			13.		ADDITIONS/CHANGES TO OFFICERS A		
NAME	BUSH, DAVID M		1.7 UIU 1.2 NAA				☐ Change	☐ Addition
STREET ADDRESS	7969 LE MANS DRIVE			ae Eet addres				
CITY-ST-ZIP	JACKSONVILLE FL			r-ST-21P	~			
TITLE	DVT	☐ DELETE		2.1 TITLE			☐ Change	Addition
NAME	MORRIS, STEVE		2.2 NAS	2.2 NAME				
STREET ADDRESS	8338 W HAMDEN ROAD	2.3 \$1		EET ADDRES	s			
CITY-ST-ZIP	JACKSONVILLE FL DS	- December		Y-ST-21P				
TITLE NAME	TAMOR THOTAL			_			☐ Change	Addition
STREET ADDRESS	503 PURCELL DR		3.2 NAA 3.2 STD	ac Eet addres	اء			
CITY-ST-ZIP	JACKSONVILLE FL			Y-ST-ZIP	~			
TITLE		☐ DELETE					Change	Addition
NAME			4.2 NA	ME				
STREET ADDRESS			4.3 STR	EET ADDRES	s			
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE					☐ Change	☐ Addition
MAME OTREET ADODESC			5.2 NAN					
STREET ADDRESS CITY-ST-ZIP				EET ADDRES	s			
TITLE		DELETE		<u>(-ST-ZIP</u> F	+		☐ Change	Addition
NAME		_	6.2 NAM	-	ŀ			
STREET ADDRESS				EET ADDRES	s			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				
Indicated	on this annual report of supplement	lai annual report is true and	ify for the exen	nption st	sionatura	ection 119.07(3)(i), Florida Statutes. I further shall have the same legal effect as if made	under aeth: th:	at lam an
Officer or of	director of the corporation or the record Block 13 if changed, or on an atte	ceiver or trustee empowered	to execute th	is report	as requi	red by Chapter 617, Florida Statutes; and th	at my name ap	pears in

David M. Bush DAVID M. BUSH

4/30/98

904-287-1959