

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 13 1998 8:00am
Secretary of State

DOCUMENT # N96000002659 (8)

1. Corporation Name

CHRISTIAN ASSEMBLY MINISTRIES INC.



Principal Place of Business

Mailing Address

156 SWEETGUM LANE
PORT ORANGE FL 32119
US

1509 MANOR DR
DAYTONA BCH FL 32114
US

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

57-0903654

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

156 SWEETGUM LANE

Suite, Apt. #, etc.

27

City & State

28

PORT ORANGE, FL

29

Zip

Country

30

32119

VOLUSIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

JACKSON, ROBERT W
156 SWEETGUM LANE
PORT ORANGE FL 32119

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

Robert W Jackson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

8/3/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHEUCH, H. LOUIS	
STREET ADDRESS	1103-3RD ST	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NEMEC, THELMA B	
STREET ADDRESS	1509 MANOR DR	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GAMBRELL, VALMA C	
STREET ADDRESS	1509 MANOR DR	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOROTHY A JACKSON	
1.3 STREET ADDRESS	156 SWEETGUM LANE	
1.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT W JACKSON	
2.3 STREET ADDRESS	156 SWEETGUM LANE	
2.4 CITY-ST-ZIP	PORT ORANGE, FL 32119	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARBARA LYONS	
3.3 STREET ADDRESS	2442 ZAGATO CT	
3.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Robert W Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W JACKSON

8/3/98

DATE

904-767-2107

DAYTIME PHONE #

CR2E037 (5/98)