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\* NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # N96000002659

1. Corporation Name

CHRISTIAN ASSEMBLY MINISTRIES INC.

Principal Place of Business

156 SWEETGUM LANE  
PORT ORANGE FL 32119  
US

Mailing Address

156 SWEETGUM LANE  
PORT ORANGE FL 32119  
US



2. Principal Place of Business

21 843 CLEAR LAKE DR

2a. Mailing Address

26 843 CLEAR LAKE D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

57-0903654

Applied For

Not Applicable

City & State

23 PORT ORANGE, FL

City & State

28 PORT ORANGE, FL

Zip

Country

24 32127

25 USA

Zip

Country

29 32127

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 ROBERT W JACKSON

82 Street Address (P.O. Box Number is Not Acceptable)

843 CLEAR LAKE DR

83

84 City PORT ORANGE

FL

85 Zip Code 32127

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

1/22/99

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 DV ☐ DELETE

NAME JACKSON, DOROTHY A  
STREET ADDRESS 156 SWEETGUM LANE  
CITY-ST-ZIP PORT ORANGE FL 32119

TITLE DP ☐ DELETE

NAME JACKSON, ROBERT W  
STREET ADDRESS 156 SWEETGUM LANE  
CITY-ST-ZIP PORT ORANGE FL 32119

TITLE DST ☐ DELETE

NAME LYONS, BARBARA  
STREET ADDRESS 2442 ZAGATO COURT  
CITY-ST-ZIP MIDDLEBURG FL 32068

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

1.4 CITY-ST-ZIP

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 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: Robert W Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

904 767-2107

Daytime Phone #

CR2E037 (11/98)