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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600004299

CHRISTIAN MEDIATION & RECONCILIATION GROUP, INC.

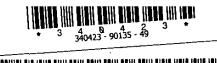
Principal Place of Business 117 LAKE EMERALD DR FT LAUDERDALE FL 33309

Mailing Address 117 LAKE EMERALD DR

FT LAUDERDALE FL 33309

FILED Apr 15, 1999 8:00 am Secretary of State

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28 Sultio, Apt. #, etc.	2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address		3. Date Incorporated or Qualifed			
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City & State City & State	Suite, Apt.	_ Salley, spit my ster					```		
23 Zap Country Zap Country Zap Country Zap Country						200.0101001	` . ! -		
Zip Country Zip Country S. Election Campaign Financing S.5.00 May 8a Addition Added to Fees S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent S. Name S. Name and Address of Current Registered Agent S. Name S. Name and Address of New Registered Agent S. Name						5. Certifcate of Status Desired	•	•	
25 28 30 Trust Fund Contribution		Zip Country Zip Court			6. Election Campaign Financing \$5.00 May Be				
9. Name and Address of Current Registered Agent DE PACE, GERALD P 117 LAKE EMERALD DR #407 FT LAUDERDALE FL 33309 14. City FL 85 Zip Code 14. City FL 85 Zip Code 15. 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 agent. I am familiar with, and accept the obligations of Section 17,0507, Prices Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHARIOSES TO OFFICERS AND DIRECTORS 14. City FT LAUDERDALE FL 33309 DELETE 17. LAKE EMERALD DR #410 FT LAUDERDALE FL 33309 DELETE 18. Street Address (P.O. Box Number is Not Acceptable) TILL D	24					Trust Fund Contribution Added to Fees			
DE PACE, GERALD P 117 LAKE EMERALD DR #407 FT LAUDERDALE FL 33309 384 City FL 385 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 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, 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, 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, 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, or both, in the State of Florida. Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ITTLE 15. TITLE									
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## 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, and accept the obligations 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, and accept the obligations of Section 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 agent agent and the flapplicable. SIGNATURE D.					83				
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SIGNATURE 12	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
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	CITY-ST-ZIP	A Service Comments		6.4 CITY-S	T-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and ac officer or director of the corporation or the required or trustee empowered to Block 12 or Block 13 if changed, or on an argon then with an address with an address with an address with a supplemental report of the corporation. for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the d accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute his report as required by Chapter 617, Floriga Statutes, end that my name appears in

SIGNATURE: