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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N96000004341 (1)

CHRISTIAN MISSIONARY CHURCH, INC.

FILED Feb 13 1997 8:00am Secretary of State



| | ce of Business | Mailing | Address | | | I INDIERRO BOD INCIO DI FAIR ANTIER ANDEIL | Beill Beill Matt biben 1 | F) (W W W T W) |
|---|--|--|--------------------------------|---|--|---|--------------------------|---------------------------------------|
| 9642 PINES B | BLVD. INES FL 33024 | | ies blvd. Ke pines fl 3302 | 24-6241 | | | | |
| PEMBRONE P | NES 11 33024 | remono | NE FINEO FE BOOK | E4 VE41 | | 3. Date Incorporated or Qualified 08/15/1996 | 3a. Date of Las | st Report |
| 2. Principal | Place of Business | | ing Address | | | 4. FEI Number | | Applied For |
| 21 962 | 6 PINES BLUE | 2. 26 9 | 626 Pin | ies E | Buro | 65-0693954 | 1 | Not Applicable |
| Suite, Ap | | Suite | e, Apt. #, etc. | | | 5. Certificate of Status Desired | | 5 Additional |
| 22 | | 27 | n Olais | | | | | Required |
| City & Sta | 116 | 28 | & State | | | Election Campaign Financing Trust Fund Contribution | | 00 May Be ed to Fees |
| Zip | Country | Zip | | Count | lry | 8. This corporation has liability for | | |
| 24 | 25 | 29 | | 30 | - | | Yes No |), 0, 105,00L, |
| | 9. Name and Address of | | Agent | | | 10. Name and Address of New Ro | gistered Agent | |
| | | | | 0 | 1 Name | | | |
| HERNA | INDEZ, NESTOR | | | l a | 2 Street A | ddress (P.O. Box Number is Not Accepta | ole) | |
| | INES BLVD. | | | L | | TELESTIC DON THE HOUSE IS THE TWO DE IS | | |
| | OKE PINES FL 33024 | | | 8 | 3 | | | |
| • | | | | ā | 4 City | | 85 | Zip Code |
| | | | | | | | FL ° ' | |
| SIGNATURE | gnature, typed or printed name of regis | e ted agent and title if appli- | ankle AVOT | | | | 1/16/97 | |
| | | | | | gent eignature r | required when reinstating) | DATE | |
| 12. | OFFICE | RS AND DIRECTOR | S | 13. | | ADDITIONS/CHANGES TO OFFI | | |
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I. I do 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

SIGNATURE AND TYPED OR PRINTED HAME OF SKINING OFFICER OR DIRECT

2- Parsur /K/17 (154) 704
Date Date Devine Prone # 00227