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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N96000004406 (2)**

1. Corporation Name

CHRIST THE KING C.E.C. INC.

Principal Place of Business	Mailing Address
2323 APACHE DR MELBOURNE FL 32935	2323 APACHE DR MELBOURNE FL 32935-2608

3. Date Incorporated or Qualified: 08/21/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2105 PALM BAY RD NE	26 2105 PALM BAY RD NE
Suite, Apt. #, etc. 22 # 2W	Suite, Apt. #, etc. 27 # 2W
City & State 23 PALM BAY, FL	City & State 28 PALM BAY FL
Zip / Country 24 32905 / 25 USA	Zip / Country 29 32905 / 30 USA

4. FEI Number: 59-3390624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INGRAM, ROSCOE D 2323 APACHE DR MELBOURNE FL 32935	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 FR. ROSCOE D INGRAM — Fr. Roscoe D. Ingram — 3/17/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/T	☐ DELETE	1.1 TITLE	D/VP	☐ Change ☒ Addition
NAME	GOUDE, C. W.		1.2 NAME	LYNN S. HEISS	
STREET ADDRESS	1153 BELL AVE		1.3 STREET ADDRESS	426 BEAUREGARD AVE. NE	
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE		☐ DELETE	2.1 TITLE	D/S	☐ Change ☒ Addition
NAME			2.2 NAME	JIM CARTER	
STREET ADDRESS			2.3 STREET ADDRESS	712 SAMUEL CHASE LANE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	W. MELBOURNE, FL 32904	
TITLE		☐ DELETE	3.1 TITLE	D/T	☒ Change ☐ Addition
NAME			3.2 NAME	GOUDE, C W	
STREET ADDRESS			3.3 STREET ADDRESS	1153 BELL AVE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	JASON WOODMANSEE	
STREET ADDRESS			4.3 STREET ADDRESS	6520 SOUTH DRIVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MELBOURNE VILLAGE, FL 32904	
TITLE		☐ DELETE	5.1 TITLE	D/T	☐ Change ☒ Addition
NAME			5.2 NAME	ROSCOE D INGRAM	
STREET ADDRESS			5.3 STREET ADDRESS	2323 APACHE DR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. 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: FR. ROSCOE DALE INGRAM — Fr. Roscoe Dale Ingram — 3/17/97 — (407) 956-0626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0019583