

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004406 (2)**

1. Corporation Name

**CHRIST THE KING C.E.C. INC.**



Principal Place of Business <b>2105 PALM BAY RD., N.E. #2W PALM BAY FL 32905 US</b>	Mailing Address <b>2105 PALM BAY RD., N.E. #2W PALM BAY FL 32905 US</b>
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3. Date Incorporated or Qualified <b>08/21/1996</b>	
4. FEI Number <b>59-3390624</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>INGRAM, ROSCOE D 2323 APACHE DR MELBOURNE FL 32935</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DT</b>	NAME <b>GOUDE, C. W.</b>	1.1 TITLE <b>D</b>	1.2 NAME <b>GOUDE, C. W.</b>
STREET ADDRESS <b>1153 BELL AVE</b>	CITY-ST-ZIP <b>MELBOURNE FL</b>	1.3 STREET ADDRESS <b>1153 BELL AVE</b>	1.4 CITY-ST-ZIP <b>MELBOURNE, FL 32905</b>
TITLE <b>DVP</b>	NAME <b>HEISS, LYNN S.</b>	2.1 TITLE <b>D</b>	2.2 NAME <b>HEISS, LYNN S.</b>
STREET ADDRESS <b>426 BEAUREGARD AVE. N.E.</b>	CITY-ST-ZIP <b>PALM BAY FL</b>	2.3 STREET ADDRESS <b>426 BEAUREGARD AVE. N.E.</b>	2.4 CITY-ST-ZIP <b>PALM BAY, FL 32909</b>
TITLE <b>DS</b>	NAME <b>CARTER, JIM</b>	3.1 TITLE <b>D/T</b>	3.2 NAME <b>DIXON, CHUCK</b>
STREET ADDRESS <b>712 SAMUEL CHASE LANE</b>	CITY-ST-ZIP <b>W. MELBOURNE FL</b>	3.3 STREET ADDRESS <b>1159 IPSWICH ST, NW</b>	3.4 CITY-ST-ZIP <b>PALM BAY, FL 32907</b>
TITLE <b>DT</b>	NAME <b>GOUDE, C.W.</b>	4.1 TITLE <b>D</b>	4.2 NAME <b>BIDGON, JOSHUA</b>
STREET ADDRESS <b>1153 BELL AVE.</b>	CITY-ST-ZIP <b>MELBOURNE FL</b>	4.3 STREET ADDRESS <b>1590 WINDWOOD DR #102</b>	4.4 CITY-ST-ZIP <b>PALM BAY, FL 32905</b>
TITLE <b>D</b>	NAME <b>WOODMANSEE, JASON</b>	5.1 TITLE <b>D/S</b>	5.2 NAME <b>WOODMANSEE, JASON</b>
STREET ADDRESS <b>6520 SOUTH DRIVE</b>	CITY-ST-ZIP <b>MELBOURNE VILLAGE FL</b>	5.3 STREET ADDRESS <b>6520 SOUTH DRIVE</b>	5.4 CITY-ST-ZIP <b>MELBOURNE, FL 32904</b>
TITLE <b>DP</b>	NAME <b>INGRAM, ROSCOE D.</b>	6.1 TITLE <b>D</b>	6.2 NAME <b>INGRAM, ROSCOE D.</b>
STREET ADDRESS <b>2323 APACHE DRIVE</b>	CITY-ST-ZIP <b>MELBOURNE FL</b>	6.3 STREET ADDRESS <b>2323 APACHE DRIVE</b>	6.4 CITY-ST-ZIP <b>MELBOURNE, FL 32904</b>

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.

SIGNATURE:  **3/30/98** (407) 254-2204

CR2E037 (1097)