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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N96000004406**

1. Corporation Name

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

Principal Place of Business

2105 PALM BAY RD., N.E.  
#2W  
PALM BAY FL 32905  
US

Mailing Address

2105 PALM BAY RD., N.E.  
#2W  
PALM BAY FL 32905  
US

125282 - 90002



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

08/21/1996

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

9. Name and Address of Current Registered Agent

INGRAM, ROSCOE D  
2323 APACHE DR  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

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

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 DVP  
NAME HEISS, LYNN S.  
STREET ADDRESS 426 BEAUREGARD AVE. N.E.  
CITY-ST-ZIP PALM BAY FL

TITLE DT  
NAME DIXON, CHUCK  
STREET ADDRESS 1159 IPSWICH ST, NW  
CITY-ST-ZIP PALM BAY FL 32907

TITLE D  
NAME GIDEON, JOSHUA  
STREET ADDRESS 1590 WINWOOD DR #102  
CITY-ST-ZIP PALM BAY FL 32905

TITLE DS  
NAME WOODMANSEE, JASON  
STREET ADDRESS 6520 SOUTH DR  
CITY-ST-ZIP MELBOURNE FL 32904

TITLE DP  
NAME INGRAM, ROSCOE D.  
STREET ADDRESS 2323 APACHE DRIVE  
CITY-ST-ZIP MELBOURNE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

**SIGNATURE REQUIRED**

1/12/99 407 254 2204

Date

Daytime Phone #

CR2E037 (11/98)