FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000004469 (0)

CHRIST INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|-------------------------|
| 148 NORTH 4TH STREET | POST OFFICE BOX 1709 |
| MACCLENNY FL 32068 | MACCLENNY FL 32063-1709 |

FILED Feb 03 1997 8:00am Secretary of State



| MACCLENNY PL | . 32000 | MINUGLEMMI PL 32003-1708 | • | | | | | |
|---|---|-----------------------------------|------------|---|--|----------------------------|--|--|
| | | | | | 3. Date Incorporated or Qualified 08/27/1996 | 3a. Date of Last Report | | |
| 2. Principal Pl | Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number | Applied For | | |
| 21 | | 26 | | | 59.3407210 | Not Applicable | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 Additional | | | |
| 22 27 | | | | 5. Continuate of Status Dusined | Fee Required | | | |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 | | 28 | | · · · · · · · · · · · · · · · · · · · | Trust Fund Contribution | Added to Fees | | |
| Ζιρ | Country | Zip | — Con | ntry | 8. This corporation has liability for in | | | |
| 24 | 25 9. Name and Address of Current | | 30 | | | Yes No | | |
| | 9. Name and Address of Current | Registered Agent | | 81 Name | 10. Name and Address of New Reg | listered Agent | | |
| | | | Name | | | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | 225 SOUTH ADAMS STREET | | | | | | | |
| 1ALLAH/ | ASSEE FL 32302 | | | 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 | | | | | | | | |
| 12. | Signature, typed or printed name of registered agen OFFICERS AND | | Registered | Agent signature require | ed when reinstating) ADDITIONS/CHANGES TO OFFIC | DATE | | |
| TITLE | D OFFICERS AND | DELETE | 1.1 111 | ı¢ | ADDITIONS/CHANGES TO OFFIC | Change Addition | | |
| NAME | CONNER, SHANNON D | L. DELLE | 1.2 NA | | | C. Criarge C3 Addition | | |
| STREET ADDRESS | 148 NORTH 4TH STREET | | | 1 | | | | |
| CITY-ST-ZIP | MACCLENNY FL 32068 | | | REET ADDRESS | | | | |
| TITLE | D | DELETE | 2.1 TIT | Y-ST-ZIP | | Change Addition | | |
| NAME | CONNER, ELAINE R | | 2.2 NA | · · | | Change Lan Addition | | |
| STREET ADDRESS | 148 NORTH 4TH STREET | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | MACCLENNY FL 32068 | | | | | | | |
| TITLE | D D | DELETE | 3.1 T(T | TY+ST+ZIP | | Change Addition | | |
| NAME | WALKER, GLADYS R | | 3.2 NA | | | C onerigo C Addition | | |
| STREET ADDRESS | 148 NORTH 4TH STREET | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | MACCLENNY FL 32068 | | | TY-ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 10 | | | Change Addition | | |
| NAME | | | 4. 2 N/ | | | - control | | |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TIT | | | Change Addition | | |
| NAME | | | 5.2 NA | ME | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | , | | |
| TITLE | | DELETE | 6.1 T(T | | | Change Addition | | |
| NAME | | | 6.2 NA | | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | |
| | ov certify that the information supplied | with this filing does not qualify | | | 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.