SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600004705 (7)

CHRISTIAN MISSION ADONAL INC.

Principal	Place	of Bus	siness

Mailing Address

250 CORY AVE NE PALM BAY FL 32907 250 CORY AVE NE PALM BAY EL 3290

FILED Aug 21 1997 8:00am Secretary of State



FALM DKI FL 3290/							DO NOT WRITE IN THIS SPACE							
							3. D		rporated o 3/1996	or Qualifie	3a .	Date of Las	t Report	
	Principal Place of Business 2a. Mailing Address							El Numb					Applied	
21	26							<u> 5 4</u>	<u> 389</u>	63	91		Not App	
Suite, Apt. #, etc. 22		Suite 27	Suite, Apt. #, etc.		5 . C	ertificate	of Status	Desired	X	• •	5 Addition Requires			
City & State			City & State			6. E	lection C	ampaign	Financing	9	\$5.0	00 May	Be	
23	28						Trust Fund Contribution 🔀 Added to							
Zip	Country	Zip	ļ	Country			T T	8. This corporation owes or has paid the current year Intangible						
24	25	29		30			Personal Property Tax due June 30. Yes X No							
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name														
DOMESS	FRANCICO			ŀ	٠.	Hamb								
), FRANCISCO			ĺ	82	Street	eet Address (P.O. Box Number is Not Acceptable)						•	
	Y AVE NE			}	63									
PALM BA	Y FL 32907				33									
				ľ	84	City						85 Z	ip Code	
dd Durauant	to the provisions of Continue 617 DED2	ond 617 15	09 Florido Statuto	a tha ah		nomed	corneration o	u broite t	hia staton	ant for th		_	a lta raai	
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.										ered				
SIGNATURE Signature, typed or plinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE														
12.	· OFFICERS AND		S	13.			AD	DITIONS	/CHANGE	S TO OF	FICERS A	AND DIRECT	ORS IN 1	12
TITLE P	PASTOR Presi		☐ DELETE	1.1 1(1	rlë ,	-	Carlo	N X	nanu	عد	mal	Chan	i D	Addition
NAME	Fran sisco Romer	क 🖍	TEUS TEES	1,2 NA	ME	1	108	Ÿ W	علاه	D R	A.	C-, 1777 (ر	
STREET ADDRESS	250 CORY AVE	, Di	1000		REET	ADDRESS	Pole	~ 120	my 7	(, '3	201V	۰	4	
CITY-ST-ZIP	Palm Bay 7 (32			1.4 CII	TY-\$1	T - ZIP	1000						ivust	(467
TITLE 3	Vice Preside		☐ DELETE	2.1 TIT	LE		Ada		C F			Chang		Addition
NAME 5	William Rome	ŗο.	4	2.2 NAME			100	,, <	jon	ا ما	77	y Tr		
STREET ADDRESS	1063 HOOPET AND	2 2 2 5 5	Trustees	2.3 ST	2.3 STREET ADDRESS		0.7.	12		(1 ×	- Q	VT 2	uste	29
CITY-ST-ZIP	Adm Boy 7632			_	2. 4 CITY-ST-ZIP		POLIN	N 12	art.	103	270			
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NAME	PATREL PAGAD 1070 HOD PET AV	e uê		3.2 NAME										
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CITY-ST-ZIP	Palm Bay 70 3	-103	- Control	3.4. CI		T-ZIP								
TITLE S	Becretary		☐ DELETE	4.1 TIT								Chang	ye L∐i ∵	Addition
NAME	Aida Romero 1063 Hooper Aug			4. 2 N/										
STREET ADDRESS	Poulm Bern 703	- 				address	•							
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TITLE	Juan Romano		C DECEIF	5.1 TITLE							☐ cush	ו יון	MUURIDA	
NAME	1063 Hopper Ai	دی		5.2 NAME										
STREET ADDRESS	Polm Boy 44 32					ADDRESS								}
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NAME				6.2 NA										ļ
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CITY-ST-ZIP	by certify that the information supplied	uith thie filin	o does not qualify	6.4 CIT			tated in Scoti	on 110 0	7/2\(i\ Ei	rida Stat	utoe I five	ther cortifu t	at the	
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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.

CIGNATURE.

LINGHATING PUREQUIRED

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