## 5-12-98 B- 7080 -C FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004910 (3)

CHRISTWAY MINISTRIES, INC.

Principal Place of Business

Mailing Address

4409 BASS ST TAMPA FL 33617

3. Date Incorporated or Qualified O9/20/1996

4. FEI Number NOT APPLICABLE

2. Principal Place of Business

2a. Mailing Address

25. Certificate of Status Desired

FILED
May 12 1998 8:00am
Secretary of State

|--|--|

Applied For

\$8.75 Additional

Fee Required

Not Applicable

City & State  City & State  Zip  Country  Zip  Country  Zip  Country  S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes  Yes  Yes  No  S. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  TAMPA FL 33617  83  City  FL  85  Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  Signature typed or printed name of registered agent and bite if applicable  NOTE: Registered Agent elignature required when relinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 12	Suite, Apt.	. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		9							
Zip Country Zip Country	23		28						
GBSON, WILUE L 4409 BASS ST TAMPA FL 33617  31 Name  62 Street Address (P.O. Box Number is Not Acceptable)  63 Street Address (P.O. Box Number is Not Acceptable)  64 City  65 Street Address (P.O. Box Number is Not Acceptable)  66 City  67 City  68 City  68 City  69 City  6	Zip	Country	Zip	Country	/	8. This corporation owes or has paid the	current yea	r Intangible	
GBSON, WILLE L 4409 BASS ST TAMPA FL 33617  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 Statutos, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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 agent in a manufacture of the provision of Agent agent and the face of the provision of Agent State agent. I have been added when releasting to the provision of Change agent. I have been agent and the face of the provision of Agent state agent. I have been agent agent and the face of the provision of Agent state agent. I have been agent agent agent agent agent agent agent agent. I have been agent agent. I have been agent	24			30				[ <b>2</b> ] No	
GBSON, WILLIE L 4409 BASS ST TAMPA FL 33617  82   Street Address (P.O. Box Number is Not Acceptable)  83   TAMPA FL 33617  84   City   FL   B8   Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or mile all and accept the obligations of, Section 617 0503, Florids Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. STREET ADDRESS  13. STREET ADDRESS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. WAME  STREET ADDRESS  13. STREET ADDRESS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. A		9. Name and Address of Curre	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Register	red Agent		
### Addition  ##				81	Name				
### TAMPA FL 33617  ### City	GIBSON, WILLIE L			82	82 Street Address (P.O. Box Number is Not Acceptable)				
THE D CARREST ORESS OFFICERS AND DIRECTORS 13 SIREET ADDRESS OFFI-2P TAMPA FL DELETE 1.1 TILE D DELETE	4409 BASS ST								
TILE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE D	TAMPA F	FL <b>33</b> 617		83	j.				
TILE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE D				RA	City		85	Zin Code	
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 to printed name of registered died if applicable.   (NOTE: Registered Agent algorithment as requised when inimitating)   DATE	i			"	51.9	F	₹ <b>Ĺ</b> ͺ ‴ ゙	L,p 0000	
12. OFFICERS AND DIRECTORS  TITLE  DIBLETE  1.1 TITLE  OGIBSON, WILLIE L  1.2 NAME  STREET ADDRESS  DITY-ST-ZPP  TITLE  DIBLETE  1.1 TITLE  DIBLETE  1.1 TITLE  DIBLETE  1.1 TITLE  DIBLETE  1.2 STREET ADDRESS  DITY-ST-ZPP  TITLE  DIBLETE  2.1 TITLE  DIBLETE  2.1 TITLE  DIBLETE  2.1 TITLE  DIBLETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZPP  TITLE  DIBLETE  3.3 STREET ADDRESS  CITY-ST-ZPP  TAMPA FL  DIBLETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZPP  TITLE  DIBLETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZPP  TITLE  DIBLETE  Addition  A	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								
TITLE D DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE DELETE DELETE 1.1 TITLE DELETE							_	TORS IN 12	
NAME GIBSON, WILLIE L 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 STREET ADDRESS 1.5 STRE	TITLE	D	DELETE	1.1 TITLE	T		Chai		
STREET ADDRESS CITY-ST-ZIP TITLE  D DELETE 21 TITLE ANDERSON, DON ANDERSON, DON STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 21 TITLE D DELETE 32 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE D TITLE D TITLE D DELETE 41 TITLE D DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE SDELETE 53 STREET ADDRESS CITY-ST-ZIP TITLE SDELETE STREET ADDRESS CITY-ST-ZIP TITLE SDELETE STREET ADDRESS CITY-ST-ZIP	NAME	GIBSON, WILLIE L		1.2 NAME				li i	
TAMPA FL  TITLE  D  DELETE  21 TITLE  D  ANDERSON, DON  22 NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  DELETE  23 STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  DELETE  31 TITLE  Change Addition  NAME  LAFOND, JANICE F  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  51 TITLE  Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  52 NAME  STREET ADDRESS  CITY-ST-ZIP  S3 STREET ADDRESS  CITY-ST-ZIP  S4 CITY-ST-ZIP  S5 NAME  STREET ADDRESS  CITY-ST-ZIP  S6 STREET ADDRESS  CITY-ST-ZIP  S6 STREET ADDRESS  CITY-ST-ZIP	STREET ADORESS			1.3 STREE	ADORESS				
TITLE D DELETE 2.1 TITLE	1			1.4 CITY-	ST - 71P				
STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 3.1 TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE SZ NAME STREET ADDRESS CITY-ST-ZIP TITLE SZ NAME STREET ADDRESS CITY-ST-ZIP TITLE SZ NAME STREET ADDRESS CITY-ST-ZIP SZ NAME STREET ADDRESS SZ NAME SZ NAM			☐ DELETE		<u></u>		Chai	nge Addition	
TAMPA FL	NAME	ANDERSON, DON		2.2 NAME					
CITY-ST-ZP TAMPA FL  ITILE  D  LAFOND, JANICE F  32 NAME  STREET ADDRESS CITY-ST-ZP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS CITY-ST-ZP  TITLE  DELETE  5.1 TITLE  NAME  STREET ADDRESS CITY-ST-ZP  TITLE  SERVET ADDRESS CITY-ST-ZP  TITLE  SERVET ADDRESS CITY-ST-ZP  TITLE  SERVET ADDRESS CITY-ST-ZP  TITLE  SERVET ADDRESS CITY-ST-ZP	STREET ADDRESS	4409 BASS ST		2.3 STREET	ADDRESS	,			
NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL  3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	TAMPA FL		2. 4 CITY-	ST-ZIP	. •1	•		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	TITLE	D	☐ DELETE	3.1 TITLE			Chai	nge Addition	
CITY-ST-ZIP	NAME	LAFOND, JANICE F		3.2 NAME					
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         TITLE         Change         Addition           NAME         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         5.4 CITY-ST-ZIP	STREET ADDRESS	4409 BASS ST		3.3 STREE	F ADDRESS				
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	CITY-ST-ZIP	TAMPA FL		3.4. CITY-	ST-ZIP				
STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addiltion           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP	TITLE		DELETE	4.1 TITLE			Chai	nge Addition	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP	NAME	I		4. 2 NAME					
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	STREET ADDRESS			4.3 STAEE	ADDRESS				
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP	TITLE		☐ DELETE	5.1 TITLE			Char	nge 🔲 Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	NAME			5.2 NAME					
	STREET ADDRESS			5.3 STREE	T ADDRESS				
TITLE DELETE 6.1 TITLE Change Addition	CITY-ST-ZIP			5.4 CITY - :	ST-ZIP				
	TITLE		☐ DELETE	6.1 TITLE			Char	nge Addition	
NAME 6.2 NAME	NAME			6.2 NAME	ľ				
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STREE	T ADDRESS			ľ	
CITY-ST-ZIP	CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

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.

1 1 1 1 1 1 1

11 32 -00

(012)900 9/19