#### SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

RICE, DOUGLAS J

OAK HILL FL 32579

353 STACEY RD

Suite, Apt. #, etc.

City & State

23

24

Zip

CITY-ST-ZIP

ORLANDO FL 32810



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

### N96000004964 (0) DOCUMENT # 1. Corporation Name

## CHRIST CENTERED MINISTRIES, INC.

Country

g. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address 353 STACEY RD 353 STACEY RD OAK HILL FL 32579 OAK HILL FL 32579

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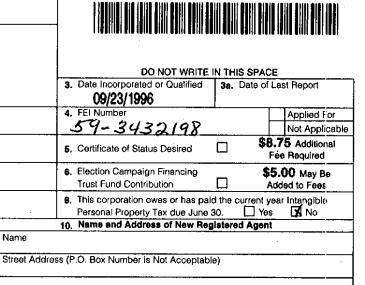
Mailing Address

Suite, Apt. #, etc.

City & State

Zip

# **FILED** Sep 15 1997 8:00am Secretary of State



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 lamiliar 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETÉ Addition 1.1 TITLE ☐ Change RICE, DOUGLAS J 1.2 NAME STREET ADORESS 353 STACEY RD 1.3 STREET ADDRESS CITY-ST-ZIP OAK HILL FL 32579 1.4 CITY - ST - ZIF DELETE TITLE Change 21 TITLE Addition NAME RICE, JEAN A 2.2 NAME STREET ADDRESS 353 STACEY RD 2.3 STREET ADDRESS CITY-ST-ZIP OAK HILL FL 32579 2. 4 CITY-ST-ZIP □ DELETE TITLE 3.1 TITLE Change Addition LYONAIS, PRISCILLA 3.2 NAME STREET ADDRESS 354 JARDINE AVE 3.3 STREET ADDRESS CITY-ST-ZIP <u>ST AUGUSTINE FL 32095</u> 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME CAMPBELL, MICHAEL J 4. 2 NAME STREET ADDRESS 3803 MIDWAY DR 4.3 STREET ADDRESS CITY-ST-ZIP <u>valdosta ga 31602</u> 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition Change NAME 5.2 NAME CAMPBELL, CHRISTINE J STREET ADDRESS 3803 MIDWAY DR **5.3 STREET ADDRESS** CITY-ST-ZIP VALDOSTA GA 31602 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME RICE, CHERYL D 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 5310 WEIRWOOD DR

6.4 CITY-ST-ZIP 14. I do 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 1 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.

DOUGHASTINE GENINDED

Country

81

82

83

84 City

Name

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