

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90086 040 ****61.25

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1. Corporation Name

TOGETHER IN CHRIST, INC.

Principal Place of Business

413 NIGHTHAWK LANE
ST. AUGUSTINE FL 32084

Mailing Address

413 NIGHTHAWK LANE
ST. AUGUSTINE FL 32084



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/25/1996

4. FEI Number

59-3403248

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

DIFATO, JOSEPH
413 NIGHT HAWK LANE
ST AUGUSTINE FL 32084

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 Joseph DIFATO

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DIFATO, JOSEPH C
STREET ADDRESS 413 NIGHTHAWK LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE V
NAME TRILLING, STANLEY
STREET ADDRESS 725 S FIGUEROA ST, 40TH FLOOR
CITY-ST-ZIP LOS ANGELES CA 90017

TITLE D
NAME HOWARD, G A
STREET ADDRESS 13642 SHIPWATCH DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D
NAME CREIGHTON, CHARLES
STREET ADDRESS 600 REED RD
CITY-ST-ZIP BROMALL PA

TITLE D
NAME EDWARDS, DAVID
STREET ADDRESS SUITE 1629, RIVERPLACE BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ROBERT SHEIRE
1.2 NAME
1.3 STREET ADDRESS 1178 LAZY LAKE EAST
1.4 CITY-ST-ZIP DUNEDIN, FL 34698

2.1 TITLE D MAURICE BLUMBERG
2.2 NAME
2.3 STREET ADDRESS 9009 NESBIT COURT
2.4 CITY-ST-ZIP MONTGOMERY VILLAGE, MD

3.1 TITLE D JEFF SMITH
3.2 NAME
3.3 STREET ADDRESS 20 KNOLL SIDE LANE
3.4 CITY-ST-ZIP MIDDLETOWN MD 21769

4.1 TITLE D PAUL ENGELMANN
4.2 NAME
4.3 STREET ADDRESS 19625 SPAR SPRING RD
4.4 CITY-ST-ZIP MONTGOMERY VILLAGE, MD 20886

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS (ALL 4 ARE NEW DIRECTORS)
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20886 CR2E037 (11/98)