

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 # **N96000005504 (3)**

1. Corporation Name

CHRISTIANS IN ACTION, INC.

Principal Place of Business

**2800 HOLLYWOOD AVENUE
PENSACOLA FL 32505**

Mailing Address

**2800 HOLLYWOOD AVENUE
PENSACOLA FL 32505-3704**

3. Date Incorporated or Qualified
10/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME **WILLIAMS, STEVE**
STREET ADDRESS **2800 HOLLYWOOD AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☒ DELETE

NAME **BREWER, TODD**
STREET ADDRESS **2800 HOLLYWOOD AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☐ DELETE

NAME **HARVEY, JASON K**
STREET ADDRESS **2800 HOLLYWOOD AVENUE**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Harvey Robert**
1.3 STREET ADDRESS **2800 Hollywood Ave.**
1.4 CITY-ST-ZIP **Pens. Fl. 32505**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **3000002206533-5**
2.3 STREET ADDRESS **-06/03/97-01179-015**
2.4 CITY-ST-ZIP *******61.25 *****61.25**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE

SIGNATURE REQUIRED

FILED

97 JUN -4 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (9/96)