

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90022 040 ****61.25

DOCUMENT # N96000006557

1. Corporation Name

ANNA MARIA ISLAND CHRISTIAN FOUNDATION CENTURION
PRODUCTIONS, INC.

Principal Place of Business

POST OFFICE BOX 900
ANNA MARIA FL 34216

Mailing Address

POST OFFICE BOX 900
ANNA MARIA FL 34216



2. Principal Place of Business

21 203 LAKEVIEW DR

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/26/1996

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

65-0824957

Applied For

Not Applicable

23 City & State

ANNA MARIE, FL

28 City & State

29 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

24 Zip

34216

25 Country

USA

29 Zip

30 Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PACE, JOHN A
105 39TH STREET
HOLMES BEACH FL 34217

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 D ☐ DELETE

NAME MCCULLOUGH, JAMES E

STREET ADDRESS 203 LAKEVIEW DR

CITY-ST-ZIP ANNA MARIA FL

TITLE PD ☐ DELETE

NAME PACE, JOHN A

STREET ADDRESS 203 LAKEVIEW DR

CITY-ST-ZIP ANNA MARIA FL

TITLE VPD ☐ DELETE

NAME PACE, KIM L

STREET ADDRESS 203 LAKEVIEW DR

CITY-ST-ZIP ANNA MARIA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

D
CHARLES HAUN
203 LAKEVIEW DR
ANNA MARIA, FL

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7.20.99 941-778-5433

CR2E037 (5/99)