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FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000699 (5)**

1. Corporation Name

CHRISTIAN CITY CHURCH, INC.

Principal Place of Business

**188 FOUNTAIN COURT
SPRING HILL FL 34806**

Mailing Address

**188 FOUNTAIN COURT
SPRING HILL FL 34806**

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-3476506

Applied For

Not Applicable

2. Principal Place of Business

21 6204 PICADILLY CT

Suite, Apt. #, etc.

22 261

City & State

23 TAMPA, FL

Zip

24 33614

Country

25 USA

2a. Mailing Address

26 6204 PICADILLY CT

Suite, Apt. #, etc.

27 261

City & State

28 TAMPA, FL

Zip

29 33614

Country

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KELLER, ROBERT
188 FOUNTAIN COURT
SPRING HILL FL 34806**

10. Name and Address of New Registered Agent

81 Name

KELLER, ROBERT

82 Street Address (P.O. Box Number is Not Acceptable)

6204 PICADILLY CT

83

APT. 261

84 City

TAMPA

FL

85 Zip Code

33614

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 ☐ DELETE

**D
NAME
KELLER, ROBERT
STREET ADDRESS
188 FOUNTAIN COURT
CITY - ST - ZIP
SPRING HILL FL 34806**

TITLE ☐ DELETE

**D
NAME
KELLER, LISA
STREET ADDRESS
188 FOUNTAIN COURT
CITY - ST - ZIP
SPRING HILL FL 34806**

TITLE ☐ DELETE

**D
NAME
KELSEY, MARK
STREET ADDRESS
11 OELSNER DRIVE
CITY - ST - ZIP
NORTHPORT NY 11768**

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

**D
1.2 NAME
KELLER, ROBERT
1.3 STREET ADDRESS
6204 PICADILLY CT #261
1.4 CITY - ST - ZIP
TAMPA, FL 33614**

2.1 TITLE ☐ Change ☐ Addition

**D
2.2 NAME
KELLER, LISA
2.3 STREET ADDRESS
6204 PICADILLY CT #261
2.4 CITY - ST - ZIP
TAMPA, FL 33614**

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 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:

Robert Keller

4/9/98

813-933-2809

CR2E037 (10/97)