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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N97000000699

1. Corporation Name

CHRISTIAN CITY CHURCH, INC.

Principal Place of Business

6204 PICADILLY CT  
261  
TAMPA FL 33614  
US

Mailing Address

6204 PICADILLY CT  
261  
TAMPA FL 33614  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 272416  
27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-3476506

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

KELLER, ROBERT  
6204 PICADILLY CT  
APT 261  
TAMPA FL 33614

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 KELLER, ROBERT  
STREET ADDRESS 6204 PICADILLY CT #261  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ DELETE  
NAME KELLER, LISA  
STREET ADDRESS 6204 PICADILLY CT #261  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ DELETE  
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  
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 D ☒ Change ☐ Addition  
3.2 NAME KELSEY, MARK  
3.3 STREET ADDRESS 14 LEWIS STREET  
3.4 CITY-ST-ZIP AVALON NSW 2107 AUSTRALIA

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME TONY VENTILATO  
4.3 STREET ADDRESS 29547 BIRDS EYE DRIVE  
4.4 CITY-ST-ZIP WESLEY CHAPEL FL 33543

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
ROBERT KELLER

4/12/99 (813) 933-2909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE Daytime Phone #

CR2E037 (11/98)