## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700001661

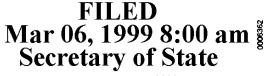
CHRISTIAN ALLIANCE FOR ISRAEL, INC.

Principal Place of Business

+301 E PENMAN ROAD JACKSONVILLE REACH EL 32250 Mailing Address

P.O. BOX 51000

JACKSONVILLE BEACH FL 32240



03-06-1999 90037 023 \*\*\*\*61.25

1301-D Pe	enman Rd.	• • • • • • • • • • • • • • • • • • • •		3	HATTI ADDIS DAIS	AT 41010 BEHA OHON 1401 1001
2. Principal Place of I	Business	2a. Mailing Address		3. Date Incorporated or Qualifed 03/25/1997		
Suite, Apt. #, etc.		Suite, Apt. #, etc	;	4. EEI Number		Applied For Not Applicab
City & State		City & State		5. Certifcate of Status Desired		\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing		\$5.00 May Be

30

9. Name and Address of Current Registered Agent

29

SMITH HULSEY & BUSEY 225 WATER ST., STE. 1800 JACKSONVILLE FL 32202

24

l	To: Hallie and Address of New Registered Agent	_
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	-
83		
84	City FI 85 Zip Code	_

Trust Fund Contribution

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 r	egistered agent, or both, in the State of Florida. Such change of familiar with, and accept the obligations of, Section 617.050.	was authorized by the corpo 3, Florida Statutes.	oration's board of directors. I hereby accep	of the appointment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstating)	DATE	<del> </del>	
12.	OFFICERS AND DIRECTORS	13.	13. ADDITIONS/CHANGES TO OF		FFICERS AND DIRECTORS IN 12	
TITLE	PD DELET	TE 1.1 TITLE		Change	☐ Addition	
NAME	BERNIS, JONATHAN A	1.2 NAME				
STREET ADDRESS	77 PLAYERS CLUB	1.3 STREET ADDRESS			!	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	•			
TITLE	TD DELE			Change	☐ Addition	
NAME	LEVINE. DAVID	2.2 NAME				
STREET ADDRESS	369 SAWMILL LANE	2.3 STREET ADDRESS		سا يو سهري	_	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP				
TITLE	D DELE	TE 3.1 TITLE		☐ Change	Addition Addition	
NAME	LEVINE, SANDRA W	3.2 NAME				
STREET ADDRESS	369 SAWMILL LANE	3.3 STREET ADDRESS				
C(TY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4. CITY-ST-ZIP		<u> </u>		
TITLE	D DELE	TE 4.1 TITLE		Change	☐ Addition	
NAME	COHEN, ROBERT M	4. 2 NAME				
STREET ADDRESS	12189 MESA VERDE TRL.	4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32223	4.4 CITY-ST-ZIP				
TITLE	CV DELE	TE 5.1 TITLE		☐ Change	☐ Addition	
NAME	ZINK, PAUL D	5.2 NAME				
STREET ADDRESS	2701 HODGES BLVD.	5.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32224	5.4 CITY-ST-ZIP		<u> </u>		
TITLE	SD DELE	TE 6.1 TITLE		☐ Change	☐ Addition	
NAME	SCHANG, CHERYL	6.2 NAME				
STREET ADDRESS	51 TIFTON COVE NORTH	6.3 STREET ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	6.4 CITY-ST-ZIP				

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 suppliemental 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 officer or director of the corporation of Block 12 or Block 13 if changed, or or

SIGNATURE:

Added to Fees