FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

21

Zip 24



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State

FILED Apr 30 1998 8:00am Secretary of State

T	998	DIVISION OF	CORPORATIONS	Scorotary or State
DOCUM 1. Corporation I	IENT # NS	97000001701 (8)	
CHRISTI	AN INTERNET MIN	NISTRY, INC.		
Principal Place	of Business	Mailing Address		
•				
5546 DUBLIN ORIVE 5546 DUBLIN DRIVE FORT LAUDERDALE FL 33312-6619 FORT LAUDERDALE FL 333			3312-6619	3. Date Incorporated or Qualified
				03/24/1997 4. FEI Number Applied For
				65-0746472 Not Applicable
2. Principal Plac	ce of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
21		26		Fee Required
Suite, Apt. #,	etc	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28		Yes X No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	29	30	Personal Property Tax due June 30. Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
CCOMA D	MOLLAND. I		OI (Vairie)	
FERRIS, RICHARD J 5546 DUBLIN DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)
	IDERDALE FL 333124	RR 10	83	
TOTT DIO	DEFIDALE TE OCOTE	0015	94 Ob.	les 75 Code
			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.				
agent I am	familiar with, and accep	of the obligations of, Section 617.0503, F	lorida Statutes.	alions board or directors. Thereby accept the appointment as registered
SIGNATURE				
12.		registered agent and tille if applicable (NO ICERS AND DIRECTORS	TE: Registered Agent signature required. 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D
TITLE		DELETE	1.1 TITLE	P/D . □ Change ☑ Addition ♀
NAME			1.2 NAME	Richard J. Ferris 8
STREET ADDRESS			1.3 STREET AODRESS	5546 Dublin Drive
CITY-ST-ZIP			1.4 CITY - ST - ZIP	Fort Lauderdale, FL 33312-6619
TITLE		☐ DELETE	2.1 TITLE	D Laura J. Clark
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	916 El Sonoro Drive
CITY-ST-ZIP				Sierra Vista, AZ 85635
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	April M. Ferris 1361-C SW 44 Terrace
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		Longra	3.4. CITY - ST - ZIP	Plantation, FL 33317
TITLE		LI DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	
City-St-ZiP			4.4 CITY-ST-ZIP	i
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	<u> </u>
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		Dr. Free	5.4 CITY-ST-ZIP	
TITLE		L DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby cer	tify that the information s	supplied with this filing does not qualify	for the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the Information
officer or dir	ector of the corporation	upplemental annual report is true and ac or the receiver or trustee empowered to on an attachment with an address.	curate and that my signat execute this report as rec	ture shall have the same legal effect as if made under oath; that I am an quired by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

Schartenis Richard J. Ferris

954-962-9374