

SECOND NOTICE: CORPORATION WILL BE DISSOLVED UNDER CHAPTER 617, FLORIDA STATUTES, IF THE ANNUAL REPORT IS NOT FILED WITHIN THE PRESCRIBED TIME. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE San B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002770 (2)

1. Corporation Name

CHRISTOS GOSPEL MINISTRY INTERNATIONAL, INCORPORATED

Principal Place of Business

228 SEVILLE CIRCLE
MARY ESTHER FL 32569-1472

Mailing Address

228 SEVILLE CIRCLE
MARY ESTHER FL 32569-1472

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SMILEY, WAYNE
228 SEVILLE CIRCLE
MARY ESTHER FL 32569-1472

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

☒ 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

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

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	<input type="checkbox"/> DELETE
NAME	SMILEY, WAYNE	
STREET ADDRESS	228 SEVILLE CIRCLE	
CITY-ST-ZIP	MARY ESTHER FL 32569-1472	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMILEY, PANGSRI	
STREET ADDRESS	228 SEVILLE CIRCLE	
CITY-ST-ZIP	MARY ESTHER FL 32569-1472	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LECROY, JOSEPH M	
STREET ADDRESS	2255 SPARROW LANE	
CITY-ST-ZIP	PENSACOLA FL 32534-1472	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LECROY, CYNTHIA	
STREET ADDRESS	2255 SPARROW LANE	
CITY-ST-ZIP	PENSACOLA FL 32534	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMILEY, EDDIE I	
STREET ADDRESS	P.O. BOX 283 N/A	
CITY-ST-ZIP	CANTONMENT FL 32533-1472	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMILEY, MARTHA	
STREET ADDRESS	P.O. BOX 283 N/A	
CITY-ST-ZIP	CANTONMENT FL 32533-1472	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000002703220--0
1.4 CITY-ST-ZIP	-12/04/98-01062-007
	*****61.25 *****61.25
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILLIAMS, ANTHONY C.
3.3 STREET ADDRESS	1100 HIGH KITE PLACE
3.4 CITY-ST-ZIP	FAYETTEVILLE, NC 28314

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAMS, EVETTE L.
4.3 STREET ADDRESS	1100 HIGH KITE PLACE
4.4 CITY-ST-ZIP	FAYETTEVILLE, NC 28134

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 in changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/98

Date

Daytime Phone #

FILED

98 DEC -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0013519

CR2E037 (5/98)

CHRISTOS Gospel Ministry International, Incorporated
228 Seville Circle
Mary Esther, Florida 32569-1472
(850) 581-2430

2

November 28, 1998

MEMORANDUM FOR: Divisions of Corporations
Attn: Mr. Tyrone Scott
PO Box 6327
Tallahassee, Florida 32314

SUBJECT: Waiver of Notice of Dissolution of Revocation

- 1. As per my telephone conversation with you Mr. Scott, request the Dissolution of Revocation as pertains to CHRISTOS Gospel Ministry, International Incorporated be waived without prejudice.**
- 2. As I explained in our telephone conversation, death in the family and several emergency situations prevented my timely response to your request.**
- 3. Again, I appeal to you to waive any additional funds or the requirement to refile and request that you accept the enclosed check and annual report without prejudice.**

Thanking you in advance,


Wayne Smiley
President
CHRISTOS Gospel Ministry