NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700003535

1. Corporation Name

CHRISTIAN DINNER THEATRE PRODUCTIONS, INC.

Principal Place of Business

19 HOLLEY KING RD DEFUNIAK SPRINGS FL 32433 Mailing Address

19 HOLLEY KING RD DEFUNIAK SPRINGS FL 32433

## FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90152 049 \*\*\*\*61.25



2. Principal Fi	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
21		26			06/16/1997		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	4. FEI Number 59-3464-	386 API	lied For
22		27			APPLIED FOR	Not	Applicable
City & State	e	City & State			5. Certificate of Status Desired	\$8.75 A	
Zip	Country Zip		Cou	ntry	6. Election Campaign Financing	\$5.00	May Be
24	25	29	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent		-	10. Name and Address of New Registers	d Agent	
		_		81 Name <i>F</i>	REDERICK C. PFIST	ER, JR.	
PFISTER, PAMELA A FREDERICK C. PFISTER				82 Street Addre	ess (P.O. Box Number is Not Acceptable)	`	
19 HOLLEY KING RD JE				83 /	HOLLEY KING KU		
DEFUNIAK	SPRINGS FL 32433						
				84 City	- THINIAN SPULLES E	85 Zip C	ode
	0.500	1 047 4500 Florida Ctobal	44	DE	entine submits this statement for the surrose	of changing its	<u>#33</u>
office or r	onistered agent or Moth in the State O	it Florida. Such chande was a	utnorized	i by the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	cointment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0509, Flo	rida Stati	utes.	h. 2-15.99		
SIGNATURE	Tiedere	ch (	سعم	Agent signature required			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TI	TLE		☐ Change	Addition
NAME	SKILES, EDWIN S REV		1.2 N	1			
STREET ADDRESS	6220 LINDA LANE			REET ADDRESS		•	
CITY+ST-ZIP	INDIANAPOLIS IN 46241			TY-ST-ZIP			
TITLE	0	☐ DELETE	2.1 TI			☐ Change	☐ Addition
NAME	CHEEK, JOHN E		2.2 N	AME	•		:
STREET ADDRESS	OLAS IN TOTAL OF		2.3 \$1	TREET ADDRESS		منياندي معيد بالب	<del></del>
CITY-ST-ZIP	INDIANAPOLIS IN 46268		2.4 C	ITY-ST-ZIP		_	
TITLE	D	☐ DELETE	3.1 TI	TLE		☐ Change	Addition
NAME	CHEEK, SHARYN R		3.2 N	AME	•		
STREET ADDRESS	2415 W 9TH ST		3.3 \$7	TREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46268		3.4. C	ITY-ST-ZIP			·
TITLE		☐ DELETE	4.1 TI	TLE		☐ Change	Addition
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	TREET ADDRESS	•		
CITY-ST-ZIP			4.4 C	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 TT		•	☐ Change	Addition Addition
NAME			5,2 N	ì			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		☐ DELETE	6.1 π			☐ Change	☐ Addition
NAME			6.2 N/				
STREET ADDRESS			ľ	TREET ADDRESS			
CITY OT 7ID	1		6.4 CI	TY-ST-ZIP			

14. 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-99 3/1-856-126

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