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Secretary of State

01-29-1999 90062 019 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000005644

1. Corporation Name

CHRISTIANS IN ALLIANCE, INC.

Principal Place of Business

6001 BRIDGEWATER CIRCLE
PONTE VEDRA BEACH FL 32082

Mailing Address

6001 BRIDGEWATER CIRCLE
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

59-3480276

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

MCMICHEN, JOHN
6001 BRIDGEWATER CIRCLE
PONTE VEDRA BEACH FL 32082

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
NAME WILLIAMS, JIM
STREET ADDRESS 3383 FEATHER OAKS DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D
NAME MCMICHEN, JOHN E
STREET ADDRESS 6001 BRIDGEWATER CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D
NAME WHITE, RONNIE
STREET ADDRESS P.O. BOX 385 N/A
CITY-ST-ZIP BAXLEY GA 31513

TITLE D
NAME GILLS, RICHARD L
STREET ADDRESS 1823 LINDBERG DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D
NAME MOSES, DONALD T
STREET ADDRESS 100 EXECUTIVE WAY STE. 211
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D
NAME 0389 FEATHER OAKS DRIVE EAST
STREET ADDRESS JACKSONVILLE FL 32211
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 99 904-265-3433

Date

Daytime Phone #

CR2E037 (11/98)