

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005885 (5)**

1. Corporation Name

**CHALLENGE MINISTRY CENTER, INC.**



Principal Place of Business	Mailing Address
<b>3451 S.E. 59TH STREET OCALA FL 34480</b>	<b>3451 S.E. 59TH STREET OCALA FL 34480</b>

3. Date Incorporated or Qualified

**10/17/1997**

4. FEI Number

**59-3489002**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 <b>742 Bahia Circle</b> Suite, Apt. #, etc. 22 23 <b>Ocala FL</b> City & State 24 <b>34472</b> 25 <b>USA</b> Zip Country	26 <b>742 Bahia Circle</b> Suite, Apt. #, etc. 27 28 <b>Ocala FL</b> City & State 29 <b>34472</b> 30 <b>USA</b> Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARRISH, CHARLES C  
3451 S.E. 59TH STREET  
OCALA FL 34480**

81 Name	<b>Charles C. Parrish</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>742 Bahia Circle</b>
83	
84 City	<b>Ocala FL</b>
85 Zip Code	<b>34472</b>

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 Charles C. Parrish President DATE 1-30-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D President</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRISH, CHARLES C</b>	1.2 NAME	<b>Charles C. Parrish</b>
STREET ADDRESS	<b>3451 S.E. 59TH STREET</b>	1.3 STREET ADDRESS	<b>742 Bahia Circle</b>
CITY-ST-ZIP	<b>OCALA FL 34480</b>	1.4 CITY-ST-ZIP	<b>Ocala FL 34472</b>
TITLE	<b>D Vice President</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, VERA L</b>	2.2 NAME	<b>West, Vera L</b>
STREET ADDRESS	<b>3451 S.E. 59TH STREET</b>	2.3 STREET ADDRESS	<b>5631 SE 33rd Ct.</b>
CITY-ST-ZIP	<b>OCALA FL 34480</b>	2.4 CITY-ST-ZIP	<b>Ocala, FL 34480</b>
TITLE	<b>D Secretary/Treasurer</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary/Treasurer D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRISH, DONNA R</b>	3.2 NAME	<b>DONNA R. Parrish</b>
STREET ADDRESS	<b>3451 S.E. 59TH STREET</b>	3.3 STREET ADDRESS	<b>742 Bahia Circle</b>
CITY-ST-ZIP	<b>OCALA FL 34480</b>	3.4 CITY-ST-ZIP	<b>Ocala FL 34472</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Charles C. Parrish **Charles C. Parrish** 1-30-98 **352-680-6809**

CR2E037 (10/97)