## FILE-NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS ....

## 1998 N97000006004 (2) OCUMENT #

THE CHRISTIAN LEGAL AID FOUNDATION, INC.

## **FILED** Feb 18 1998 8:00am Secretary of State

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Principal Place of Business .	Mailing Address		4 regrittet fild bfiet todit gerin gater dans antit get	in eitht abist bass eine tan
276 CERVANTES AVE.	276 CERVANTES AVE.		3. Date Incorporated or Qualified	
ST. AUGUSTINE FL 32095	ST. AUGUSTINE FL 32095		10/23/1997	
			4. FEI Number	φplied For
	1.4.		59-3475221	Not Applicable
2. Principal Place of Business	28. Mailing Address	1658	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	, 0 -	6. Election Campaign Financing	\$5.00 May Be
22	27		Trust Fund Contribution	Added to Fees
City & State	City & State 57. AU6	. FC	7. Is this nonprofit corporation a homeowners	s association?
Zip Country	Zio	Country	B. This corporation owes or has paid the curr	ent year Intangible
24	29 320 85 31	USA	. Dicerral tropicity	Yes 🗗 No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	igent
		81 Name		
BRADDOCK, PAUL		82 Street A	ddress (P.O. Box Number is Not Acceptable)	,
276 CERVANTES AVE. ST. AUGUSTINE FL 32095		83		
51. AUGUSTINE FL 32095				Tool W. Co. d.
		84 City	FL	85 Zip Code
Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat SIGNATURE    Signature typed or printed name of registered agent.	of Florida. Such change was autions of, Section 617.0503, Florid	horized by the corpo	ration's board of directors. I hereby accept the appli	ointment as registered
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
. TITLE President / Director		1.1 TITLE		☐ Change ☐ Addition
		1.2 NAME		
STREET ADDRESS 276 CREVANILL	, //wz ,	1.3 STREET ADDRESS		
CITY-SI-ZIP ST. AUG., PL	32095	1.4 CITY - ST - ZIP		T Addition
CITY-ST-ZIP ST. Aug., 70	Pres. LI DELETE	2.1 TITLE	\	Change Addition
NAME DOUL BOOMPOON	- AUR. FL	2.2 NAME		
STREET ADDRESS 276 CECUANTES	Ae. 51,707	2.3 STREET ADDRESS		
CITY-SI-ZIP	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME T- Treasure	u	3.2 NAME		. —
STREET ADDRESS PARL FOR LOCK	- a	3.3 STREET ADDRESS		
CITY-ST-ZIP 276 Conantes Ar	57. ASV 32055	3.4 CITY-ST-ZIP		
THE PAUL Board dock	- Director	4.1 TITLE		☐ Change ☐ Addition
NAME PAUL DAAGBET		4. 2 NAME		
STREET ADDRESS 276 Cervant		4.3 STREET ADDRESS		•
CITY-ST-ZIP St. Aug. PC	32095	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
	Addice - Dir.			
2/6 CEIVANIES	77 76 .	5.3 STREET ADDRESS		
ST- HU9, 10	32095	5.4 CITY-ST-ZIP		
TITLE MALCOLM Anthromas  STREET ADDRESS CITY-ST-ZIP  TITLE  MALCOLM Anthromas  Balcolm Anthromas  The Street Address  Pointe Vedra	DELETE	6.1 TITLE		Change Addition
NAME 36 Loggerton	"> - Pirector	6.2 NAME		
STREET ADDRESS DALLE	c sato	6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	t in Section 119.07/3/(i) Florida Statutes 1 further ce	

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:

824-5027