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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006643 (7)**
1. Corporation Name

CHRISTIAN MONEY MANAGEMENT COUNSELORS, INC.



Principal Place of Business 3301 GRAY FOX COVE APOPKA FL 32703-8107	Mailing Address 3301 GRAY FOX COVE APOPKA FL 32703-8107
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3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

57-3488543

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
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

**BEK, STEPHEN W
1101 N LAKE DESTINY DR, SUITE 130
MAITLAND FL 32751**

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 ☐ DELETE

TITLE	PD
NAME	VILA, JORGE
STREET ADDRESS	3301 GRAY FOX COVE
CITY-ST-ZIP	APOPKA FL 32703-8107

TITLE	VSD
NAME	VILA, MARIE
STREET ADDRESS	3301 GRAY FOX COVE
CITY-ST-ZIP	APOPKA FL 32703-8107

TITLE	TD
NAME	MORAN, JOHN E
STREET ADDRESS	928 CAITLIN POINT
CITY-ST-ZIP	LONGWOOD FL 32750

TITLE	D
NAME	BLYSTONE, CHARLES T
STREET ADDRESS	110 GROVEWOOD AVE
CITY-ST-ZIP	SANFORD FL 32773

TITLE	D
NAME	PARKMAN, KAREN
STREET ADDRESS	5224 GOLD TREE CT
CITY-ST-ZIP	ORLANDO FL 32808

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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.

SIGNATURE:  **JORGE VILA PD**

4/22/98 407-865-5433

CR2E037 (10/97)