

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90069 028 ****61.25

DOCUMENT # N97000006643

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**



2. Principal Place of Business

21 9124 SUMMIT CENTRE WAY

2a. Mailing Address

26 PO BOX 607298

Suite, Apt. #, etc.

22 9307

Suite, Apt. #, etc.

27

City & State

23 ORLANDO, FL

City & State

28 ORLANDO FL

Zip

24 32810

Country

25 ORANGE

Zip

29 32860

Country

30 ORANGE

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

59-3488543

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

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

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

**PD
VILA, JORGE**

**3301 GRAY FOX COVE
APOPKA FL 32703-8107**

CITY-ST-ZIP

**3301 GRAY FOX COVE
APOPKA FL 32703-8107**

CITY-ST-ZIP

VSD

VILA, MARIE

**3301 GRAY FOX COVE
APOPKA FL 32703-8107**

CITY-ST-ZIP

TD

**MORAN, JOHN E
928 CAITLIN POINT
LONGWOOD FL 32750**

CITY-ST-ZIP

D

**BLYSTONE, CHARLES T
110 GROVEWOOD AVE
SANFORD FL 32773**

CITY-ST-ZIP

D

**PARKMAN, KAREN
5224 GOLD TREE CT
ORLANDO FL 32808**

CITY-ST-ZIP

D

PARKMAN, KAREN

**5224 GOLD TREE CT
ORLANDO FL 32808**

CITY-ST-ZIP

D

PARKMAN, KAREN

**5224 GOLD TREE CT
ORLANDO FL 32808**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED JORGE VILA 4/28/99 407-865-5433

PRESIDENT

Date

Daytime Phone #

CR2E037 (11/98)