

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N98000009116
1. Corporation Name
Christ For All Ministries, Inc

FILED
9 MAR 18 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
11856 HULLBRIDGE CT ORLANDO, FL 32837 11856 HULLBRIDGE CT ORLANDO, FL 32837

2. Principal Place of Business 2a. Mailing Address
21 11856 HULLBRIDGE CT 26 11856 HULLBRIDGE CT
Suite, Apt. #, etc Suite, Apt. #, etc
22 City & State 27 City & State
23 ORLANDO FL 28 ORLANDO FL
Zip Country Zip Country
24 32837 25 U-SA 29 32837 30 U-SA

3. Date Incorporated or Qualified
02/16/1998
4. FEI Number
59-3509903 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
GEDULIEN, SAMMUEL
11856 HULLBRIDGE CT
ORLANDO, FL 32837
81 Name Same as above
82 Street Address (P.O. Box Number is Not Acceptable)
83 200002820542-3
-03/26/99-01105-023
84 City *****70, FL **7070.00

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's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<u>Pierre, DIEUDONNE, REV</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>Pierre, DIEUDONNE, REV</u>
STREET ADDRESS	<u>11856 HULLBRIDGE CT</u>
CITY-ST-ZIP	<u>ORLANDO FL 32837</u>
TITLE	<u>METELLUS, LUCNER</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>METELLUS, LUCNER</u>
STREET ADDRESS	<u>11856 HULLBRIDGE CT</u>
CITY-ST-ZIP	<u>ORL, FL 32837</u>
TITLE	<u>REID, ROB REV</u> <input checked="" type="checkbox"/> DELETE
NAME	<u>REID, ROB REV</u>
STREET ADDRESS	<u>11856 HULLBRIDGE CT</u>
CITY-ST-ZIP	<u>ORL, FL 32837</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<u>AUDIT CHAIRMAN</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<u>BRANNON, STUART, REV</u>
13 STREET ADDRESS	<u>11856 HULLBRIDGE CT</u>
14 CITY-ST-ZIP	<u>ORLANDO, FL 32837</u>
21 TITLE	<u>CHAIRMAN</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<u>GEDULIEN, SAMMUEL, BR</u>
23 STREET ADDRESS	<u>11856 HULLBRIDGE CT</u>
24 CITY-ST-ZIP	<u>ORLANDO, FL 32837</u>
31 TITLE	<u>SECRETARY & TREASURER</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<u>CARMEN TALAMAS</u>
33 STREET ADDRESS	<u>11856 HULLBRIDGE CT</u>
34 CITY-ST-ZIP	<u>ORLANDO, FL 32837</u>
41 TITLE	<u>PUBLIC RELATIONS</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<u>CHERY, LUCON</u>
43 STREET ADDRESS	<u>11856 HULLBRIDGE CT</u>
44 CITY-ST-ZIP	<u>ORLANDO FL 32837</u>
51 TITLE	<u>MEMBER AT LARGE</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<u>FONROSE ITHAMAR</u>
53 STREET ADDRESS	<u>11856 HULLBRIDGE CT</u>
54 CITY-ST-ZIP	<u>ORLANDO, FL 32837</u>
61 TITLE	<u>MEMBER AT LARGE</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<u>AC SERGE PREVET, REV</u>
63 STREET ADDRESS	<u>11856 HULLBRIDGE CT</u>
64 CITY-ST-ZIP	<u>ORLANDO FL 32837</u>

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: Marc Chery Marchey 02-27-99 407-852-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)