

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90011 035 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N98000002551 ✓

1. Corporation Name

CHRISTIAN ADVANCED LEARNING MINISTRIES, INC.

Principal Place of Business

5611 SW 57 STREET
DAVIE FL 33314

Mailing Address

5611 SW 57 STREET
DAVIE FL 33314



2. Principal Place of Business

21 5611 SW 57 ST

2a. Mailing Address

26 P O Box 292916

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DAVIE 71

City & State

28 DAVIE 71

Zip

24 33314

Country

25 USA

Zip

29 33329

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEATHERS, KEVIN F
5611 SW 57 STREET
DAVIE FL 33314

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

Kevin F. Weathers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/9/99

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C/P PRESIDENT, C/T/S
NAME KEVIN F WEATHERS
STREET ADDRESS 5611 SW 57 ST
CITY-ST-ZIP DAVIE 71 33314-7420

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DIRECTOR
NAME ROBERT A WEATHERS
STREET ADDRESS 9818 CAMENA CIRCLE
CITY-ST-ZIP BOYNTON BEACH 71 33436

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DIRECTOR
NAME DAVID A WEATHERS
STREET ADDRESS 41180 LITTLE FARM RD
CITY-ST-ZIP PUNTA GORDA 71 33955

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

Kevin F. Weathers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/99 941-791-5565