


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90002 035 ****70.50

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002757					
1. Corporation Name CHRISTIAN FUNERAL AND BEREAVEMENT ASSOCIATION IN CORPORATED					
Principal Place of Business 5999 CURRY FORD RD. ORLANDO FL 32822			Mailing Address P. O. BOX 574432 ORLANDO FL 32857-4432		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DUPIE, C. 152 DAHLIA VILLAGE CIR. ORLANDO FL 32807				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPIE, C.	1.2 NAME	
STREET ADDRESS	152 DAHLIA VILLAGE CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807	1.4 CITY-ST-ZIP	
TITLE	DEPUTY SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATE HARRIS	2.2 NAME	
STREET ADDRESS	152 DAHLIA VILLAGE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32807	2.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILEITH TOMLINSON	3.2 NAME	
STREET ADDRESS	182 RAVENS CROSSING #104	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	3.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ADVISORY BOARD MEMBER <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ADVISORY BOARD MEMBER <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

(407) 415-5123

Date

Daytime Phone #

CR2E037 (11/98)