## 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 #	N9800005407
1. Compreting Name	1490000003407

CHURCH OF CHRIST INTERNATIONAL, INC.

Principal Place of Business 2655 COLLEGE STREET JACKSONVILLE FL 32204

2. Principal Place of Business

21

Mailing Address

2655 COLLEGE STREET JACKSONVILLE FL 32204

2a. Mailing Address

26



99 APR 19 AM 10:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualifed 09/21/1998

City & State 23	:	Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, et				4. FEI Number					Applied For			
28   29   29   29   30   5   6   Election Campaign Financing   \$5.00 May Be   29   29   30   5   10   Name and Address of New Registered Agent   5   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   10   Name and Address	22			27				- 1	59-3533/22					Not Applicable			
28   29   20   29   30   Trust Fund Contribution   \$5.00 May Be added to Fees   \$1.00 May Be added to	(	City & State	e		City & State					5 Codificate of Status Desired					\$8.75 Additional		
25   25   25   26   26   26   26   26	23			28						o. Certificate of Status Desired					Fe	e Req	uired
28   29   30   Trust Fund Contribution   Added to Fees	7	Zip	<b>-</b>		Zip Cou					6. Election Campaign Financing					\$5.00 May Be		
BYRD, NATHANIEL 2855 COLLEGE STREET JACKSONVILLE FL 32204  11. Pursuant to the provisions of Sections 617 0502 and 617,1508, Fiorida Statutes.  14. City  15. Pursuant to the provisions of Sections 617 0502 and 617,1508, Fiorida Statutes, the above name of corporation submits this statement for the purpose of Changing its 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 proteid name of implications of, Section 617,0503, Florida Statutes.  SIGNATURE  D  OFFICERS AND DIRECTORS  13. ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  ADDITIONS*CHANG	24						Trust	Fund Co	ntribution	·	J - · · ·						
BYRD, NATHANIEL 2855 COLLEGE STREET JACKSONVILLE FL 32204  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 agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agont, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agont, or both, in the State of Florids. Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIME D. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIME D. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIME D. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIME D. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIME D. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TIME D. OFFICERS AND DIRECTORS 14.  12. OFFICERS AND DIRECTORS 14.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. City St. 2.P.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. Change Additional Additiona	Name and Address of Current Registered Agent									10. Nam-	e and Ad	dress of I	New Regi	stered /	Agent		
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JACKSONMILE FL 32204  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 agent. I am familiar with, and accept the obligations of, Saction 617.0503, Florida Statutes.  SIGNATURE    Signature, howed or printed name of registered agent and the in applicable of Printed Name of Interest agent and the interest agent							1-1		Andress (1.10), box (quinos) is 140) Acceptable)								
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Agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutés.  SIGNATURE    Signalura, typed or printed name of registrate agent and one if applicable   (NOTE Registrate required when reinstating)   DATE	11.	Pursuant	to the provisions of Sections 617.0	502 and 61	7.1508, Florida	Statutes, the	above	named	corpora	ation subn	nits this st	atement fo	or the purp	ose of	changir	ng its r	egistered
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14. Thereby 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			certify that the information supplied	with this fili	ng does not qua				d in Sec	tion 119.0	7(3)(1), \$	orida Stat	utes. I furt	her cert	fy that	the inf	ormation )

to that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 617, Florida Statutes; and that my name appears in ike empowered.

SIGNATURE:

904-384-2179