

FILE NOW FILING

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT -4 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006003

1. Corporation Name

Christine Kim Ministries, Inc.

Principal Place of Business

Mailing Address

2771 NE 58 Street
Ft. Laud. Fla 33308

3. Date Incorporated or Qualified

October 21, 1998

4. FEI Number

65-0873093

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2220 NW 41 Terrace
Suite, Apt. #, etc.

26 2771 NE 58 St.
Suite, Apt. #, etc.

22 City & State

23 Coconut Creek Fl

24 33066

25 US

27 City & State

28 Ft. Lauderdale Fl

29 33308

30 US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Claudia Williams

82 Street Address (P.O. Box Number is Not Acceptable)

2771 NE 58 St.

83

84 City

Ft. Laud

FL

85 Zip Code

33308

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 Claudia Williams Sec/Treas.

Claudia Williams

9-27-99

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 ☐ DELETE
NAME President D
STREET ADDRESS Michael A. Williams
CITY-ST-ZIP 2771 NE 58 St.
Ft. Laud Fla 33308

TITLE ☐ DELETE
NAME Vice President D
STREET ADDRESS Christine Pailey
CITY-ST-ZIP 2220 NW 41 Terr
Coconut Creek Fla 33066

TITLE ☐ DELETE
NAME Vice President D
STREET ADDRESS Carney Johnson
CITY-ST-ZIP 3107 S. 147 E. Ave Apt J.
Tulsa OK 74134

TITLE ☐ DELETE
NAME Secretary/Treas
STREET ADDRESS Claudia Williams
CITY-ST-ZIP 2771 NE 58 St.
Ft. Laud Fl. 33308

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE: Claudia Williams Claudia Williams 9-1-99 954-491-5367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)

KE