

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90034 020 ****70.00

DOCUMENT # N98000006524

1. Corporation Name

CHANGED BY CHOICE MINISTRIES, INC.

Principal Place of Business
4117 S SEMORAN BLVD #14
ORLANDO FL 32822

Mailing Address
4117 S SEMORAN BLVD #14
ORLANDO FL 32822



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/17/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEBERT, TRE'
3908 CURRY FORD RD
ORLANDO FL 32806

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

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 D ☐ DELETE
NAME CRUZ, RUBEN
STREET ADDRESS 2301 DOUGLAS THOMAS CT
CITY-ST-ZIP ORLANDO FL 32807

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME STERLING JEFF
1.3 STREET ADDRESS 4627 SADDLE CREEK PL.
1.4 CITY-ST-ZIP ORLANDO FL 32829

TITLE D ☐ DELETE
NAME BUSH, DAVID
STREET ADDRESS 3424 CIMARRON DR
CITY-ST-ZIP ORLANDO FL 32829

2.1 TITLE S/D ☐ Change ☒ Addition
2.2 NAME REYNOSO ALNES
2.3 STREET ADDRESS 4117 S SEMORAN BLVD #14
2.4 CITY-ST-ZIP ORLANDO FL 32822

TITLE D ☐ DELETE
NAME REYNOSO, FRANK
STREET ADDRESS 4117 S SEMORAN BLVD #14
CITY-ST-ZIP ORLANDO FL 32822

3.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME REYNOSO FRANK
3.3 STREET ADDRESS 4117 S SEMORAN BLVD #14
3.4 CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE V/D ☒ Change ☐ Addition
4.2 NAME CRUZ RUBEN
4.3 STREET ADDRESS 2301 DOUGLAS THOMAS CT
4.4 CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE T ☐ Change ☒ Addition
5.2 NAME MARSHALL HELEN
5.3 STREET ADDRESS 660 BROOKSIDE RD
5.4 CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-15-99 407-207-6070

CR2E037 (11/98)

0018152