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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P09694** **(1)**

1. Corporation Name

MILKON CHRISTIAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
243 HUNTERS BLIND DRIVE COLUMBIA SC 29212-2216	243 HUNTERS BLIND DRIVE COLUMBIA SC 29212-2216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1986**
3a. Date of Last Report: **04/11/1994**
4. FEI Number: **59-2628783** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

MILKON, ANNETTE T
350 S OCEAN BLVD
BERESFORD PENTHOUSE A
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Director ☐ Change ☒ Addition
NAME	CANNON, PETER J.	12 NAME	Karlene Cannon
STREET ADDRESS	243 HUNTERS BLIND DRIVE	13 STREET ADDRESS	346 Whiteford Way
CITY-ST-ZIP	COLUMBIA SC	14 CITY-ST-ZIP	Columbia SC 29072
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	MILKON, ANNETTE T.	22 NAME	
STREET ADDRESS	350 S OCEAN BLVD, BERESFORD PENTHOUSE A	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CANNON, RICHARD	32 NAME	
STREET ADDRESS	346 WHITEFORD WAY	33 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON SC 29072	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CANNON, PATRICIA ANN	42 NAME	
STREET ADDRESS	243 HUNTERS BLIND DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CANNON, ROBERT	52 NAME	
STREET ADDRESS	243 HUNTERS BLIND DR.	53 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC 29212	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/17/95 803-252-4146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB 4/25

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