FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

ARTHU H FOR	JR BLESSITT EVANGELIS CHRIST, INCORPORATE	TIC ASSOCIATION OUTR D	REAC		
Principal Plac	e of Business	Mailing Address		s andlibet ein blank aten tende tildt sine Eine	n drāni ērēja Brēti erati ēļēti 1801
3444 MARINATI SUITE 18 N. FT. MYERS US		PO BOX 4737 N. FT. MYERS FL 33918 US		Date Incorporated or Qualified 10/27/1989 FEI Number	Applied For
				95-6205400	Not Applicable
21	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
		City & State		Trust Fund Contribution	Added to Fees
		⊢		7. Is this nonprofit corporation a homeow	· <u> </u>
Zip	Country	28 Zip	Country		
24	25	— ·	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
27	9. Name and Address of Curr	. 1::-1	30	10. Name and Address of New Registers	
			81 Name		
RI FSSN	IT, ARTHUR O.		20 00 0	di (DO Davida di Nata	
3444 MARINATOWN LANE SUITE 18			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	FT. MYERS FL 33903		83		
			100		1001 2000
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the above-named o		
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was a ligations of, Section 617,0503. Flo	uthorized by the corporate	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered		: Registered Agent signature r		
12.	<u></u>	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	PD	1 106 516	■ 1.1 TeTLE		
NAME	NAME BLESSITT, ARTHUR O.				☐ Change ☐ Addition
STREET ADDRESS			1.2 NAME		Change Addition
	3444 MARINATOWN LN., S				
CITY-ST-ZIP	3444 MARINATOWN LN., S NORTH FT MYERS FL	TE 18	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		<i>3</i> 3903
TITLE	3444 MARINATOWN LN., S NORTH FT MYERS FL SD		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
TITLE NAME	3444 MARINATOWN LN., S NORTH FT MYERS FL SD BLESSITT, DENISE	TE 18	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME		<i>3</i> 3903
TITLE NAME STREET ADDRESS	3444 MARINATOWN LN., S NORTH FT MYERS FL SD BLESSITT, DENISE 3444 MARINATOWN LN, ST	TE 18	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		33903 □ Change □ Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	3444 MARINATOWN LN., S NORTH FT MYERS FL SD BLESSITT, DENISE 3444 MARINATOWN LN, ST NORTH FT MYERS FL	TE 18	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		33903 □ Change □ Addition 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3444 MARINATOWN LN., S NORTH FT MYERS FL SD BLESSITT, DENISE 3444 MARINATOWN LN, ST NORTH FT MYERS FL VD	TE 18	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		33903 □ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3444 MARINATOWN LN., S NORTH FT MYERS FL SD BLESSITT, DENISE 3444 MARINATOWN LN, ST NORTH FT MYERS FL VD TURNER, GWIN	TE 18	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		33903 □ Change □ Addition 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3444 MARINATOWN LN., S NORTH FT MYERS FL SD BLESSITT, DENISE 3444 MARINATOWN LN, ST NORTH FT MYERS FL VD TURNER, GWIN 5918 SHENANDOAH	TE 18	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		33903 Change Addition 33903 Change Addition
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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:

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ARYWE BIOSSITT Feb. 2. 1998

FILED

Feb 09 1998 8:00am

Secretary of State