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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

DOCUMENT # P31139

(9) 96 NOV 22 AM 9:59

1. Corporation Name

CHRISTIAN FAMILY LIFE INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

CHRISTIAN FAMILY LIFE
8900 TWIN LAKES PARKWAY
CHARLOTTE NC 28269
US

Mailing Address

% CHRISTIAN FAMILY LIFE
P.O. BOX 1550
WINDERMERE FL 34786

3. Date Incorporated or Qualified
10/01/1990

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSTON, MARK
1133 MISSION RIDGE CT
ORLANDO FL 32833

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 PD ☐ DELETE
NAME MEREDITH, DONALD R.
STREET ADDRESS 4832 WINGROVE BLVD
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MERRITT, CHUCK
STREET ADDRESS 5338 FOXSHIRE CT.
CITY-ST-ZIP ORLANDO FL 32819

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME STECHI, KEN
STREET ADDRESS 2529 NORFOLK RD
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 200002015562--6
3.3 STREET ADDRESS -11/27/96--01020--001
3.4 CITY-ST-ZIP *****61.25 *****61.25

TITLE D ☒ DELETE
NAME AMERMAN, MARK W.
STREET ADDRESS 1962 MAPLE LEAF DRIVE
CITY-ST-ZIP WINDERMERE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DST ☒ DELETE
NAME ARDAN, IVAN
STREET ADDRESS 390 N ORANGE AVE. #2800
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MARK JOHNSTON
STREET ADDRESS 1133 MISSION RIDGE CT.
CITY-ST-ZIP ORLANDO FL 32835

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(4), 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 as an attachment with an address.

SIGNATURE:

Mark Johnston
Signature and typed or printed name of signing officer or director

4/29/96 407-292-9343
Date Daytime Phone

CR2E037 (12/95)