FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400061832 (9)

CHRISTIANS IN ACTION, INC. OF BREVARD COUNTY

Data de el Ol	1 D (
Principal Place of Business Mailing Addre						1 40 01 10 01 10 10 11 11 21 11 1 1 1 1 1 1	11 44 11 4114 1	*****************	61 (1) i 4) i
3585 ALAN OR TITUSVILLE FL 32780 US			3585 ALAN DRIVE TITUSVILLE FL 32780-5211 US						
						3. Date Incorporated or Qualified	1	ate of Last I	Report
2. Principal P	lace of Business	2a. Mailing Address				08/15/1994 4. FEI Number	1 04/	02/1996	pplied For
21			26			59-3267165			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$0.75			
22		27	27			5. Certificate of Status Desired			lequired
City & State		City & State				6. Election Campaign Financing		\$5.00) May Be
23		28				Trust Fund Contribution		y	to Fees
Ζιρ 24	Country 25	Zip	Country			8. This corporation has liability for Florida Statutes	~ _		s. 199.032,
24)		29 30 30 dress of Current Registered Agent			Florida Statutes Yes Y No 10. Name and Address of New Registered Agent				
MOE	BERS, KARL R		61	Na	me				
	S ALAN DRIVE		82	C+-	not Addrso	s (P.O. Box Number is Not Accepta	h(a)		
	ISVILLE FL 32780		02	: Su	eel Addres	s (F.O. Box Number is Not Accepta	DIE)		
			83						
			84	Cit	·			85 Zip	Code
					y		FL	, 65 240	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat-	02 and 607.1508, Florida Statut	es, the above	e-nar	ned corpor	ation submits this statement for the	purpose of	changing	its registered
agent. La	m familiar with, and accept the obliq	gations of, Section 607.0505, Fig	orida Statute	S.	oo poratio	To bould of directors. Thereby door	pr and app	On the form Co	o registered
SIGNATURE	gen o o o social come accomendation								
12.	Signature, typed or punted name of registered ap	ent and lice if applicable INOT ID DIRECTORS	E: Registered Ap	ent sig	nature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	RS IN 12
TITLE	PT	DELETE	1.1 TIRE			ADDITIONO/OFFARES TO OFFT	OLI IO AITE	Change	Addition
NAME	MOBERG, KARL R JR		1.2 NAME						
STREET ADDRESS	3585 ALAN DRIVE		1.3 STREE	T ADDA	ESS				
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-1	ST-ZIP					
TITLE	٧	DELETE	2.1 TIFLE					Change	Addition
NAME	MOBERG, JO H		2.2 NAME						
STREET ADDRESS	3585 ALAN DR.		2.3 STREE	roda t	ESS				
CHTY+ST+ZIP	TITUSVILLE FL 32780		2. 4 CITY-	ST-ZIP					-
TITLE	8	☐ DELETE	3.1 TITLE					L Change	☐ Addition
NAME	HAZLEWOOD, MARY E		3.2 NAME						
STREET ADDRESS	4310 KENT AVE.		3.3 STREE						
CHY-SI-ZIF TITLE	TITUSVILLE FL 32780	DELETE	3.4. CITY- 4.1 TITLE	\$1 - ZIP				Change	Addition
NAME		hand DECETE	4.1 TITLE	:				— overide	Print Localitical
STREET ADDRESS			4.3 STREE		FGC				
CITY-ST-ZIF			4.4 CITY-						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE	OI-EIF	<u> </u>			Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDR	ESS				
CITY-ST-ZiF			5.4 CITY -	ST-ZIP					
MILE		DELETE.	6.1 TITLE					Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDR	ESS				
CITY-ST-7-P		37 37 30	6.4 CITY -						
l informatic	by certify that the information suppli in indicated on this annual report or	supplemental annual report is t	rue and acc	urate	and that m	ry signature shall have the same leg	al effect as	s if made u	nder oath: that
I am an o	fficer or director of the corporation of	or the receiver or trustee empoy	ered to exe	cute t	his report a	as required by Chapter 607, Florida	Statutes, a	nd that my	лате

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407/268- 0011 Daytime Phone N

FILED

Feb 06 1997 8:00am

Secretary of State

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