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FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000061832 (9)**

1. Corporation Name

**CHRISTIANS IN ACTION, INC. OF BREVARD COUNTY**

Principal Place of Business

**3585 ALAN DR  
TITUSVILLE FL 32780  
US**

Mailing Address

**3585 ALAN DRIVE  
TITUSVILLE FL 32780  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21 355 Williams Pt. Blvd.**  
Suite, Apt. #, etc.

**22**  
City & State

**23 Cocoa, Fl.**

**24 32927**  
Zip

Country

**25 Brevard**

2a. Mailing Address

**26 355 Williams Pt. Blvd.**  
Suite, Apt. #, etc.

**27**  
City & State

**28 Cocoa, Fl.**

**29 32927**  
Zip

Country

**30 Brevard**

3. Date Incorporated or Qualified

**08/15/1994**

4. FEI Number

**59-3267165**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MOBERS, KARL R  
3585 ALAN DRIVE  
TITUSVILLE FL 32780**

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

*Karl Mober*  
Signature of registered agent (not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE **Feb. 9, 1998**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PT  
MOBERG, KARL R JR  
3585 ALAN DRIVE  
TITUSVILLE FL 32780**

TITLE ☐ DELETE

**V  
MOBERG, JO H  
3585 ALAN DR.  
TITUSVILLE FL 32780**

TITLE ☐ DELETE

**S  
HAZLEWOOD, MARY E  
4310 KENT AVE.  
TITUSVILLE FL 32780**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11** TITLE  
**12** NAME  
**13** STREET ADDRESS

**14** CITY-ST-ZIP

**21** TITLE ☐ Change ☐ Addition

**22** NAME  
**23** STREET ADDRESS

**24** CITY-ST-ZIP

**31** TITLE ☐ Change ☐ Addition

**32** NAME  
**33** STREET ADDRESS

**34** CITY-ST-ZIP

**41** TITLE ☐ Change ☐ Addition

**42** NAME  
**43** STREET ADDRESS

**44** CITY-ST-ZIP

**51** TITLE ☐ Change ☐ Addition

**52** NAME  
**53** STREET ADDRESS

**54** CITY-ST-ZIP

**61** TITLE ☐ Change ☐ Addition

**62** NAME  
**63** STREET ADDRESS

**64** 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Karl Mober*

Feb. 9, 1998 (407)631-7777

CR2E034 (10/97)