

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000067621 (9)**

1. Corporation Name

**CHRISTIAN ENTERPRISES OF NAVARRE, INC.**



Principal Place of Business

**C/O TOM DEMONBRUN  
9631 SUNNYBROOK WAY  
NAVARRE FL 32566**

Mailing Address

**C/O TOM DEMONBRUN  
9631 SUNNYBROOK WAY  
NAVARRE FL 32566**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/31/1995**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3339019**

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

2. Principal Place of Business

**21 8540 NAVARRE PKWY**

Suite, Apt. #, etc.

**22**

City & State

**23 NAVARRE, FL**

Zip

**24 32566**

Country

2a. Mailing Address

**26 8540 NAVARRE PKWY**

Suite, Apt. #, etc.

**27**

City & State

**28 NAVARRE, FL**

Zip

**29 32566**

Country

**30**

9. Name and Address of Current Registered Agent

**DEMONBRUN, C. THOMAS  
C/O TOM DEMONBRUN  
9631 SUNNYBROOK WAY  
NAVARRE FL 32566**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**8540 NAVARRE PKWY**

83

84 City

**NAVARRE**

**FL**

85 Zip Code

**32566**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DP  
NAME  
DEMONBRUN, C. THOMAS  
STREET ADDRESS  
9631 SUNNYBROOK WAY  
CITY-ST-ZIP  
NAVARRE FL 32566**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**8540 NAVARRE PKWY  
NAVARRE, FL 32566**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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

**Signature of Registered Agent: C. Thomas Demonbrun**  
**7/29/97 (85) 333-6167**

CR2E034 (4/97)