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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000023103 (0)

## **FILED** Jan 23 1998 8:00am Secretary of State

CHURC	on CONS	ULTING SERVICE	S, INC.						
Principal Plac	e of Busines		Ma	Mailing Address					I
7 OLD TRAIL ROAD 7 OLD TRAIL R									
ENGLEWOOD FL \$4223 ENGLEWOOD FL								DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
		· · · · · · · · · · · · · · · · · · ·						03/13/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied Fi	
Suite, Apt, #, etc.				Suite, Apt. #, etc.				65-0647451 Not Applic	$\overline{}$
22				27				5. Certificate of Status Desired See Regulred	ieł
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23				28				Trust Fund Contribution Added to Fees	
Zip	Country			Zip Country			,	8. This corporation owes or has paid the current year Intangible	$\neg$
24	25		29					Personal Property Tax due June 30. 🔲 Yes 💢 No	
	9. Name	and Address of Curre	nt Regist	ered Agent		-		10. Name and Address of New Registered Agent	
	YES, GERA					81	Name		1
33 WEST MIAMI AVENUE							Street A	Address (P.O. Box Number is Not Acceptable)	$\neg$
VENICE FL 34285									
						83			
						84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta							e-named of the corposition		ered red
SIGNATURE									
	Signature, typed	or printed name of registers as					ent signature r	required when reinstating) DATE	
12. TITLE	Ď	OFFICERS AI	AD DIHEC	DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change	
NAME		, BILLY A		E DELL'IL		NAME		El guarde El vo	3
STREET ADDRESS		RAIL ROAD					ADDRESS	1	
CITY-ST-ZIP		WOOD FL 34223				SITY-S			
TITLE	D	TOOD I C OTEES	<del></del>	DELETE		TITLE	1-211	☐ Change ☐ Ad-	dition
NAME	MELVIN	, MARCIA D			2.21	NAME			
STREET ADDRESS		TRAIL ROAD			2.3 9	STREET	ADDRESS		
CITY-ST-ZIP		VOOD FL 34223			2.4	CITY-S	ST-ZIP		İ
TITLE				DELET <b>E</b>	3.1 T	TITLE		Change Ado	dition
NAME					3.21	MAME			
STREET ADDRESS					3.3 9	STREET	ADDRESS		
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TITLE				☐ DELETÉ	4.1 T	-		L Change Adu	dition
NAME						NAME			İ
STREET ADDRESS							ADDRESS		
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NAME				D peteric		IAME		C otange C Au	URCOII
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP						HEE!	i		
TITLE				DELETE	6.1 T		1 - <b>L</b> IF	Change Add	dition
NAME				<del></del>	6.2 N			tank constant in the	,
STREET ADDRESS							address		
CITY-ST-ZIP						HTY - S1			
									1

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.