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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000054859 (9)

1. Corporation Name

CHURCH STREET SYSTEMS, INC.



Principal Place of Business

5107 LOBO COURT  
ORLANDO FL 32819

Mailing Address

5107 LOBO COURT  
ORLANDO FL 32819-3835

3. Date Incorporated or Qualified

06/26/1996

3a. Date of Last Report

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

25

29

30

4. FEI Number

59-3434979

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

FOUNTAS, CHRISTOPHER N  
2300 SUN BANK CENTER  
ORLANDO FL 32802

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

Signature (Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

1.1 TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition  
1.2 NAME STACY THORNTON  
1.3 STREET ADDRESS 4449 Rummell Road  
1.4 CITY - ST - ZIP ST. CLOUD, FLORIDA 34769

2.1 TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition  
2.2 NAME JACQUELINE BOZZUTO  
2.3 STREET ADDRESS 5107 LOBO COURT  
2.4 CITY - ST - ZIP ORLANDO, FLORIDA 32819

3.1 TITLE DIRECTOR ☐ Change ☒ Addition  
3.2 NAME HARKLEY R. THORNTON  
3.3 STREET ADDRESS 4449 Rummell Road  
3.4 CITY - ST - ZIP ST. CLOUD, FLORIDA 34769

4.1 TITLE DIRECTOR ☐ Change ☒ Addition  
4.2 NAME CHRISTOPHER N. FOUNTAS  
4.3 STREET ADDRESS 5107 LOBO COURT  
4.4 CITY - ST - ZIP ORLANDO FLORIDA 32819

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: Jacqueline Bozzuto JACQUELINE BOZZUTO 4/28/97 (407) 649-4008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)