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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000008801

1. Corporation Name

CHRISTIAN INSPIRATIONS, INC.

Principal	Place	of Business
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D

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90014 045 ***150.00



							, 8818: 1618: 1	#11) @B :#1	
Principal Place of Business		Mailing Addr	Mailing Address						
795 MISTY WAY ESTIN FL 32540			POST OFFICE BOX 1316 DESTIN FL 32540			DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualifed 01/26/1998			
2. Principal Pla	ice of Business	2a. Mailing A	a. Mailing Address		4. FEI Number Applied For				
1		26				59 - 35 08 39 \ Not Applicable			
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required			
City & State 28		ate	ء ک <u>ن</u> ی یہ _س ستی <u>ہ ۔</u>		6: Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	Zip Country			This corporation owes the current year I Personal Property Tax.	ntangible	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
HAWKINS, JOHN W ESQ 607 HIGHWAY 98 EAST			81	Name Street Addre	ddress (P.O. Box Number is Not Acceptable)				
SUITE				83					
				84	City	F	<u>L </u>	Zip Code	
office or re	o the provisions of Sections 607 gistered agent, or both, in the S n familiar with, and accept the ob	tate of Florida. Such c	hange was authorize	d by 1	the corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	of changing ointment a	j its registered s registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change ☐ DELETE 1.1 TITLE President TITLE Jean Finoley 1.2 NAME NAME misty way STREET ADDRESS 1.3 STREET ADDRESS DESTIN F 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE zecvetari hibodiaux 11Zabosh NAME 433-76-0222 Raw STREET ADORESS 2.3 STREET ADDRESS <u>32568</u> 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition □ DELETE 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.