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

Apr 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S73172 (6)CHRISTIAN AMERICA CORP. Principal Place of Business Mailing Address POB 5398 POB 5398 JACKSONVILLE FL 32247-9398 JACKSONVILLE FL 32247-9398 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1991 2. Principal Place of Business 2a. Mailing Address Applied For <del>59-3085364</del> 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stato 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes ☐ No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WHARTON, PAUL 4341-2 ST AUGUSTINE RD 82 Street Address (P.O. Box Number is Not Acceptable) JACKBONVILLE FL 32247-9398 ВЗ 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELFTE Change Addition TITLE 1.1 TITLE WHARTON, PAUL NAME 1.2 NAME CR2E034 2356 JOSE CIRCLE NORTH STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCGEHEE, T.R., SR. NAME 2.2 NAME 3300 PHILLIPS HWY STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELFTE Change Addition TITLE 3.1 TITLE MCGEHEE, DELIA HOUSER NAME 3.2 NAME 505 LANCASTER ST., #6B STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE TITLE 4.1 TITLE ☐ Change MCGEHEE, THOMAS R., JR. NAME 4. 2 NAME 1850 SEMINOLE ROAD STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition TITLE 5.1 TITLE WHARTON, KRISTEN L. 5.2 NAME 2356 JOSE CIRCLE NORTH STREET ADDRESS 5 3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE ☐ Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 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:

**FILED**