

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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90030 047 \*\*\*150.00

DOCUMENT # S73172

1. Corporation Name

CHRISTIAN AMERICA CORP.

Principal Place of Business

POB 5398  
JACKSONVILLE FL 32247-9398

Mailing Address

POB 5398  
JACKSONVILLE FL 32247-9398

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

59-3085364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

~~WHARTON, PAUL~~  
4341-2 ST AUGUSTINE RD  
JACKSONVILLE FL ~~32247-9398~~

10. Name and Address of New Registered Agent

81 Name

Kristen L. Wharton

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

4341-2 St. Augustine Rd.

83

84 City

Jacksonville FL

85 Zip Code

32207

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

*Kristen L. Wharton*

Kristen L. Wharton, President

DATE

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	WHARTON, PAUL	
STREET ADDRESS	2356 JOSE CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGEEHEE, T.R., SR.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MCGEEHEE, DELIA HOUSER	
STREET ADDRESS	505 LANCASTER ST., #6B	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGEEHEE, THOMAS R., JR.	
STREET ADDRESS	1850 SEMINOLE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHARTON, KRISTEN L.	
STREET ADDRESS	2356 JOSE CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P, S, T, D
5.3 STREET ADDRESS	Kristen L. Wharton
5.4 CITY-ST-ZIP	2356 Jose Circle North Jacksonville, FL. 32217
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

*Kristen L. Wharton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristen L. Wharton

Date

4/29/99

Daytime Phone #

(904) 396-1918

CR2E034 (11/98)

0048406