

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 701490 (5)

1. Corporation Name
CHRIST CHURCH INC



Principal Place of Business Mailing Address
151 WEST CHURCH AVE. LONGWOOD FL 32750

3. Date Incorporated or Qualified 10/03/1960
3a. Date of Last Report 04/13/1995

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 27

4. FEI Number 59-1554000
Applied For Not Applicable

City & State 23
City & State 28

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MILLER, ROGER E
127 ROSE BRIAR DRIVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 700001838117
-05/24/96--01027--037
83 ***61.25
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	MOSS, RICHARD
STREET ADDRESS	108 ROSE BRIAR DRIVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EDOM, DONALD
STREET ADDRESS	890 SHRIVER CIRCLE
CITY-ST-ZIP	LAKE MARY FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	WOODS, LARRY
STREET ADDRESS	307 FOX VALLEY DR.
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FOXX, DAVID
STREET ADDRESS	437 E. CENTER ST.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BENNETT, SAM
STREET ADDRESS	510 CORNWALL CT.
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BROCIOUS, ALFRED
STREET ADDRESS	575 DEVONSHIRE BLVD.
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Doug Matthews
1.3 STREET ADDRESS	478 Green Spring Circle
1.4 CITY-ST-ZIP	Winter Springs, FL 32708
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donald Edom
2.3 STREET ADDRESS	890 Shriver Circle
2.4 CITY-ST-ZIP	Lake Mary, FL 32746
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Deborah Schaefer
3.3 STREET ADDRESS	104 Lorch Court
3.4 CITY-ST-ZIP	Longwood, FL 32750
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Foxx
4.3 STREET ADDRESS	437 E. Center Street
4.4 CITY-ST-ZIP	Altamonte Springs, FL 32701
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MIKE SPRAGUE
5.3 STREET ADDRESS	1450 WALD RD.
5.4 CITY-ST-ZIP	ORLANDO, FL 32806
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NANCY BRUNNER
6.3 STREET ADDRESS	1652 PALM HILL
6.4 CITY-ST-ZIP	LONGWOOD, FL 32750

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doug Matthews 3-25-96 407-656-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

5/24/96