

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

95 AUG 30 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **721049** (5)
 1. Corporation Name
CHRISTIAN SERVICE CENTER FOR CENTRAL FLORIDA, IN C.



600001940526
 -09/06/96--01003--019
 *****61.25 *****61.25

Principal Place of Business: **808 W. CENTRAL BLVD. ORLANDO FL 32805-8807**
 Mailing Address: **808 W. CENTRAL BLVD. ORLANDO FL 32805-8807**

3. Date Incorporated or Qualified: **05/28/1971**
 3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)
 22. Suite, Apt. #, etc.
 23. City & State
 24. Zip
 25. Country

4. FEI Number: **59-1353031**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DASHER, ARTHUR L IV
 808 W CENTRAL BLVD
 ORLANDO FL 32805**

10. Name and Address of New Registered Agent
 B1 Name: **ROBERT F. STUART**
 B2 Street Address (P.O. Box Number is Not Acceptable): **808 West Central Blvd.**
 B3
 B4 City: **Orlando** FL B5 Zip Code: **32805**

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: Robert F. Stuart (NOTE: Registered Agent signature required when reinstating)
 DATE: 8/26/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DE TREVILLE, BRENDA CARTER	
STREET ADDRESS	8227 TANSY DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	DASHER, ARTHUR L	
STREET ADDRESS	808 W CENTRAL BLVD	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	STEINMETZ, DAVID	
STREET ADDRESS	529 SPRING CLUB DR	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LATHAM, CAROL	
STREET ADDRESS	325 OAK ESTATES DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT F. STUART	
2.3 STREET ADDRESS	1408 KNOLLWOOD CIRCLE	
2.4 CITY - ST - ZIP	COLLEGE PARK, FL 32804	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GREGORY MIZELL	
3.3 STREET ADDRESS	160 SOFTWIND TRAIL	
3.4 CITY - ST - ZIP	MAITLAND, FL 32751	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DR. CHARLES HORTON	
4.3 STREET ADDRESS	1914 EDGEWATER DRIVE	
4.4 CITY - ST - ZIP	ORLANDO, FL 32804	
5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEPHEN A. BROWN	
5.3 STREET ADDRESS	111 N. ORANGE AVENUE, STE 1005	
5.4 CITY - ST - ZIP	ORLANDO, FL 32801	
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 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: Robert F. Stuart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: 8/8/96
 Daytime Phone #: (907) 428-2523

CR2E037 (3/96)