

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754520 (5)**

1. Corporation Name  
**CHRISTIAN SERVICEMEN'S CENTERS OF AMERICA, INC.**



Principal Place of Business <b>1010 BENNETT RD. ORLANDO FL 32803</b>	Mailing Address <b>1010 BENNETT RD. ORLANDO FL 32803-5264</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/08/1980</b>	3a. Date of Last Report <b>03/14/1996</b>
21. Suite, Apt. #, etc.	26. <b>P.O. Box 149364</b>	4. FEI Number <b>59-2031302</b>	Applied For Not Applicable
22. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. <b>Orlando FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. <b>32814</b>	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>LANCASTER, WILLIAM T 7491 BETTY ST WINTER PARK FL 32792</b>		81. Name <b>UPTON, THOMAS D.</b>	85. Zip Code <b>32803</b>
		82. Street Address (P.O. Box Number is Not Acceptable) <b>1010 Bennett Rd</b>	
		83. City <b>Orlando</b>	
		84. State <b>FL</b>	

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: *Thomas D. Upton, President* Date: **3/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>LANCASTER, WILLIAM T</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LANCASTER, WILLIAM T</b>		1.2 NAME <b>UPTON, THOMAS D.</b>	
STREET ADDRESS <b>7491 BETTY ST</b>		1.3 STREET ADDRESS <b>1010 Bennett Rd</b>	
CITY - ST - ZIP <b>WINTER PARK FL 32792</b>		1.4 CITY - ST - ZIP <b>Orlando, FL 32803-5264</b>	
TITLE <b>VD</b>	<b>BOWREN, LEROY W</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>Consultant to Board (CD)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOWREN, LEROY W</b>		2.2 NAME <b>Removed VD</b>	
STREET ADDRESS <b>1010 BENNETT RD.</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>ORLANDO FL 32803</b>		2.4 CITY - ST - ZIP	
TITLE <b>TD</b>	<b>WELLMAN, JACK</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>VD, TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WELLMAN, JACK</b>		3.2 NAME	
STREET ADDRESS <b>1607 BROAD AVE.</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>GULFPORT, MS 39503</b>		3.4 CITY - ST - ZIP	
TITLE <b>SD</b>	<b>DENMARK, RONALD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DENMARK, RONALD</b>		4.2 NAME	
STREET ADDRESS <b>714 20TH ST.</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>ORLANDO FL 32805</b>		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Thomas D. Upton* Thomas D. UPTON Date: **3/21/97** (407)894-4465

CR2E037 (9/96)