

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90005 033 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



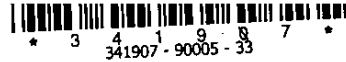
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754520

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

Principal Place of Business  
1010 BENNETT RD.  
ORLANDO FL 32803

Mailing Address  
P.O BOX 149364  
ORLANDO FL 32814  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	69 Deluna Dr	26	P.O. Box 3315	10/08/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2031302	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Pensacola Florida		Pensa Cola, Florida		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24	32506 USA	29	32516 USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UPTON, THOMAS D. 1010 BENNETT RD ORLANDO FL 32803				81 Name UPTON, THOMAS D. (SAME)			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 69 Deluna Drive			
				84 City Pensacola		85 Zip Code FL 32506	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPTON, THOMAS D.	1.2 NAME	
STREET ADDRESS	1010 BENNETT RD 69 Deluna Dr	1.3 STREET ADDRESS	69 Deluna Dr
CITY-ST-ZIP	ORLANDO-FL Pensacola, FL 32506	1.4 CITY-ST-ZIP	Pensacola, FL 32506
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWREN, LEROY W	2.2 NAME	
STREET ADDRESS	1010 BENNETT RD. 4507 Creekmoor	2.3 STREET ADDRESS	4507 Creekmoor
CITY-ST-ZIP	ORLANDO-FL SAN ANTONIO TX 78220	2.4 CITY-ST-ZIP	SAN ANTONIO TX 78220
TITLE	VDTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLMAN, JACK	3.2 NAME	
STREET ADDRESS	1607 BROAD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT, MS 39503	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENMARK, RONALD	4.2 NAME	
STREET ADDRESS	714 20TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED 4/12/99 (850) 455-8342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)