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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 758773 (6)

1. Corporation Name

CHARLES RALEY MINISTRIES, INC.



Principal Place of Business

Mailing Address

1350 E. LAKE RD. N.  
TARPON SPRGS. FL 34689

1350 E. LAKE RD. N.  
TARPON SPRGS. FL 34689-6301

3. Date Incorporated or Qualified  
06/16/1981

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2212953

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RALEY, CHARLES W  
1350 E. LAKE RD. N.  
TARPON SPRGS. FL 34689

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: STD  
NAME: RALEY, DOROTHY M  
STREET ADDRESS: 1350 E. LAKE RD. N.  
CITY - ST - ZIP: TARPON SPRGS. FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: VD  
NAME: RALEY, JOHN H.  
STREET ADDRESS: 6905 RIDGE TOP DRIVE  
CITY - ST - ZIP: NEW PORT RICHEY FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE: PDC  
NAME: RALEY, CHARLES W  
STREET ADDRESS: 1350 E. LAKE RD. N.  
CITY - ST - ZIP: TARPON SPRGS. FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE: MD  
NAME: RALEY, MASON D.  
STREET ADDRESS: 2612 FIVE FORKS CT.  
CITY - ST - ZIP: MIDDLEBURG FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE: D  
NAME: KACHULIS, DAVID  
STREET ADDRESS: 2187 CAMPUS DR  
CITY - ST - ZIP: CLEARWATER FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE: VD  
NAME: RALEY, DAVID C.  
STREET ADDRESS: 4081 THOMASVILLE LN  
CITY - ST - ZIP: MARIANNA FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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. 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: Charles W. Raley, Pres. 1-16-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)