

**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 # **762410** (9)  
1. Corporation Name  
**BACK TO CHRIST EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business: 502 CALHOUN AVENUE SEFFNER FL 33584  
Mailing Address: 502 CALHOUN AVENUE SEFFNER FL 33584

3. Date Incorporated or Qualified: 03/15/1982  
3a. Date of Last Report: 12/30/1994  
4. FEI Number: APPLIED FOR 65-0543628  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: JACKSON, MARVIN P ESQUIRE, 205 MARTIN LUTHER KING BLVD, PO BOX 7461, TAMPA FL 33673  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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 restoring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LEWIS ELDER	1.2 NAME	
STREET ADDRESS	502 CALHOUN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALKMAN, ROBERT	2.2 NAME	
STREET ADDRESS	6659 MESSER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALKMAN, JENETTE	3.2 NAME	
STREET ADDRESS	6659 MESSER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, VICTOR	4.2 NAME	
STREET ADDRESS	502 CALHOUN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	4.4 CITY-ST-ZIP	
TITLE	FSD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES P	5.2 NAME	
STREET ADDRESS	8151 TOM SAWYER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	5.4 CITY-ST-ZIP	
TITLE	RSD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MARILYN	6.2 NAME	
STREET ADDRESS	8151 TOM SAWYER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	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: *Rev Lewis Moore President* JAN 18, 96 813-689-5023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*2-2-96*