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Jan 16 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 # 762410 (9)
1. Corporation Name
BACK TO CHRIST EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
502 CALHOUN AVENUE SEFFNER FL 33584 502 CALHOUN AVENUE SEFFNER FL 33584-3615

3. Date Incorporated or Qualified 03/15/1982 3a. Date of Last Report 02/09/1996
4. FEI Number 65-0543628 Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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 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
TITLE PD [] DELETE
NAME MOORE, LEWIS ELDER
STREET ADDRESS 502 CALHOUN AVENUE
CITY-ST-ZIP SEFFNER FL 33584
TITLE D [] DELETE
NAME BALKMAN, ROBERT
STREET ADDRESS 6659 MESSER DR.
CITY-ST-ZIP SEFFNER FL 33584
TITLE D [] DELETE
NAME BALKMAN, JENETTE
STREET ADDRESS 6659 MESSER DRIVE
CITY-ST-ZIP SEFFNER FL 33584
TITLE D [] DELETE
NAME MOORE, VICTOR
STREET ADDRESS 502 CALHOUN AVE
CITY-ST-ZIP SEFFNER FL 33584
TITLE FSD [] DELETE
NAME MOORE, JAMES P
STREET ADDRESS 8151 TOM SAWYER DR
CITY-ST-ZIP TAMPA FL 33637
TITLE RSD [] DELETE
NAME MOORE, MARILYN
STREET ADDRESS 8151 TOM SAWYER DR
CITY-ST-ZIP TAMPA FL 33637

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] 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 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 Lewis Moore Lewis Moore DATE JAN 2 1997 813 6895023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0048612

CR2E037 (9/96)