

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # F95000001668 (1)

1. Corporation Name

CHRISTIAN LAW ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 4010
 SEMINOLE FL 34645

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 SEMINOLE FL 34645

3. Date Incorporated or Qualified **04/06/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **34-1245065** 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 24 Country 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIBBS III, DAVID C ESQ.
 GIBBS & CRAZE, P.A.
 5666 SEMINOLE BLVD., STE. 2
 SEMINOLE FL 34642**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPV	<input type="checkbox"/> DELETE
NAME	GIBBS, DAVID C JR.	
STREET ADDRESS	199-E GATEWAY AVE.	
CITY-ST-ZIP	CONNEAUT OH 44030	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CRAZE, CHARLES E	
STREET ADDRESS	1550 EL CAMINO REAL, SUITE 220	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GIBBS, DAVID C SR.	
STREET ADDRESS	16021 GULF BLVD.	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, GLORIANNE	
STREET ADDRESS	199-E GATEWAY AVE.	
CITY-ST-ZIP	CONNEAUT OH 44030	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, EARL DR.	
STREET ADDRESS	3314 BLUFFVIEW	
CITY-ST-ZIP	GARLAND TX 75042	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gibbs, David C. Jr.	
1.3 STREET ADDRESS	7055 Engle Rd.	
1.4 CITY-ST-ZIP	Cleveland, OH 44130	
2.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Craze Charles E.	
2.3 STREET ADDRESS	1550 El Camino Real, Suite 220	
2.4 CITY-ST-ZIP	Menlo Park, CA 94025	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gibbs, David C. Sr.	
3.3 STREET ADDRESS	16021 Gulf Blvd.	
3.4 CITY-ST-ZIP	Redington Beach, FL 33708	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gibbs, Glorianne	
4.3 STREET ADDRESS	5666 Seminole Blvd. #2	
4.4 CITY-ST-ZIP	Seminole, FL 34642	
5.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gibbs, David C. III	
5.3 STREET ADDRESS	5666 Seminole Blvd. #2	
5.4 CITY-ST-ZIP	Seminole, FL 34642	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* Date: **6/24/96** (813) 399-8300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)