

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001668 (1)
1. Corporation Name
CHRISTIAN LAW ASSOCIATION, INC.



Principal Place of Business PO BOX 4010 SEMINOLE FL 33775	Mailing Address PO BOX 4010 SEMINOLE FL 33775
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3. Date Incorporated or Qualified 04/06/1995	
4. FEI Number 34-1245065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33775 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33775 30 Country
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9. Name and Address of Current Registered Agent
**GIBBS III, DAVID C ESQ.
GIBBS & CRAZE, P.A.
5666 SEMINOLE BLVD., STE. 2
SEMINOLE FL 34642- 33772**

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: *David C. Gibbs III* DATE: **1/31/98**

12. OFFICERS AND DIRECTORS

TITLE	CPV	<input type="checkbox"/> DELETE
NAME	GIBBS, DAVID C. JR	
STREET ADDRESS	7055 ENGLE RD	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRAZE, CHARLES E	
STREET ADDRESS	1550 EL CAMINO REAL, SUITE 220	
CITY-ST-ZIP	MENLO PARK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, DAVID C SR.	
STREET ADDRESS	520 JOHN'S PASS AVE.	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, GLORIANNE	
STREET ADDRESS	5666 SEMINOLE BLVD 2	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GIBBS, DAVID C III	
STREET ADDRESS	5666 SEMINOLE BLVD 2	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6450 Rockside Woods Blvd. 3. #100
1.4 CITY-ST-ZIP	Cleveland, OH 44131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *David C. Gibbs III* DATE: **1/31/98** (813) 399-8300

CP2E037 (10/97)