

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N03428** (2)

1. Corporation Name

CHRISTIAN'S HELP, INC.



Principal Place of Business

Mailing Address

%ROBERT E. CROWN
1219 SOUTH FRANKLIN CIRCLE
CLEARWATER FL 34616-5815

%ROBERT E. CROWN
1219 SOUTH FRANKLIN CIRCLE
CLEARWATER FL 34616-5815

2	Principal Place of Business	2a	Mailing Address
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3	Date Incorporated or Qualified	3a	Date of Last Report
	06/04/1984		02/01/1995
4	FBI Number	Applied For	
	59-2422601	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
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CROWN, ROBERT E.
1219 SOUTH FRANKLIN CIRCLE
CLEARWATER FL

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 617.002 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 617.003, Florida Statutes.

SIGNATURE

Signature of person who filed this report for the corporation

Signature of person who signed as registered agent

DATE

12	OFFICERS AND DIRECTORS	13	ADDITIONAL CHANGES TO OFFICERS AND OTHER CORPORATE FILERS
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWN, ROBERT E.	1.2 NAME	
STREET ADDRESS	1219 S FRANKLIN CIR	1.3 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	1.4 CITY, ST, ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ANNE	2.2 NAME	
STREET ADDRESS	2445 BRENTWOOD DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	2.4 CITY, ST, ZIP	
TITLE	SDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, MARY LOU	3.2 NAME	
STREET ADDRESS	1420 MORROW DRIVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICKMAN, CARL V	4.2 NAME	
STREET ADDRESS	899 BAY ESPLANADE	4.3 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINARD, PATRICK W	5.2 NAME	
STREET ADDRESS	201 HOWARD DR	5.3 STREET ADDRESS	
CITY, ST, ZIP	BELLEAIR BEACH FL	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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. 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 in an attachment with an address.

SIGNATURE:

Robert E. Crown, President

1/23/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813/446-3091

CR2E037 (12/95)