

FILE NOW: FILING FEE IS \$61.25

FILED

**May 30 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 # N46751 (6)

1. Corporation Name

CITIZENS FOR POSITIVE AFFIRMATION, INC.



Principal Place of Business

Mailing Address

410 BROAD ST.
STE. 208
JACKSONVILLE FL 32202
US

410 BROAD ST.
STE. 208
JACKSONVILLE FL 32202-4800
US

3. Date Incorporated or Qualified 01/09/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3119580	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> 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	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESTELL, REGINALD JR.
1807 KEY BISCAYNE WAY
JACKSONVILLE FL 32218**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REDDICK, JOSPEH A REV	
STREET ADDRESS	1943 COLLEGE CIRCLE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBINSON, REV. S S.	
STREET ADDRESS	1717 SEMINARY ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PETERSON, FLORA F	
STREET ADDRESS	8130 VILLAGE GATE CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIMMONS, HENRY	
STREET ADDRESS	1168 W. 29TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWE, RE. R	
STREET ADDRESS	2174 W. 30TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, HENRY D	
STREET ADDRESS	1168 W 29TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANNIE V. BROWN	
1.3 STREET ADDRESS	3893 MONCREIF ROAD W.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32209	
2.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REV. MARVA TISDALE	
2.3 STREET ADDRESS	8038 ALMAR PLACE	
2.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GWENDOLA JONES	
3.3 STREET ADDRESS	6526 MANHATTAN DR.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32209	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REV. JOHN PERRY	
4.3 STREET ADDRESS	2320 TOURIST STREET	
4.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	REV. WILLIAM H. LIPROT	
5.3 STREET ADDRESS	2330 W. 18th STREET	
5.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32208	
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 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: *[Signature]* **5/27/97** **(904) 353-0709**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003901

CR2E037 (9/96)