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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51352 (5)
1. Corporation Name
SUMMERFIELD CHRISTIAN REVIVAL CENTER, INC.



Principal Place of Business 14500 S.E. 73RD AVENUE SUMMERFIELD FL 34492	Mailing Address C/O VICTOR E MULLIN, JR P.O. BOX 153 14500 SE 73 AVE SUMMERFIELD FL 34492-0153 US
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3. Date Incorporated or Qualified 10/20/1992	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3150933	Applied For 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	

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
**MULLIN, VICTOR E., JR.
14500 S.E. 73RD AVE.
SUMMERFIELD FL 34492-0153**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MULLIN, VICTOR E., JR.	
STREET ADDRESS	14500 S.E. 73RD AVE.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SANDERS, PRISCILLA J.	
STREET ADDRESS	2310 N. ROLLING HILL RD.	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MULLIN, ESTHER M	
STREET ADDRESS	14500 S.E. 73RD AVENUE	
CITY-ST-ZIP	SUMMERFIELD FL 34492	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLIN, JERRY E.	
STREET ADDRESS	14500 S.E. 73RD AVE.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLIN, DANIEL E.	
STREET ADDRESS	14500 S.E. 73RD AVE.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIER, JAMES	
STREET ADDRESS	102 S WARFIELD AVE	
CITY-ST-ZIP	WILDWOOD FL 34785	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *Victor E. Mullin, Jr.* **Victor E. Mullin, Jr.** 3-31-97 (352) 347-5709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 066186

CR2E037 (9/96)