

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000003070 (0)

1. Corporation Name

CHRISTIAN EDIFICATION CONFERENCE, INC.



Principal Place of Business

Mailing Address

1240 FARREN RANCH ROAD
POST OFFICE BOX 322
COTTONDALE FL 32431
US

POST OFFICE BOX 393
POST OFFICE 322
COTTONDALE FL 32431
US

3. Date Incorporated or Qualified
07/09/1993

3a. Date of Last Report
12/22/1995

21 **Rt 1 Highway 90 West**

26 Suite, Apt. #, etc.

4. FEI Number
59-3199386

Applied For
Not Applicable

22 **Post Office Box 322**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Cottondale FL**

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32431**

25 **FL**

29 **32431**

30 **FL**

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

**JOHNSON, JACKIE
3263 NORTH MAIN STREET
COTTONDALE FL 32431**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
NAME **JOHNSON, JACKIE**
STREET ADDRESS **3263 NORTH MAIN STREET**
CITY-ST-ZIP **COTTONDALE FL**

11 TITLE Change Addition
12 NAME **D Carlton Cotton**
13 STREET ADDRESS **3284 Bumpnose Rd**
14 CITY-ST-ZIP **Marianna, FL 32446**

TITLE **D** DELETE
NAME **PULLAM, BILLY**
STREET ADDRESS **2643 CHURCH STREET**
CITY-ST-ZIP **COTTONDALE FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **S** DELETE
NAME **PULLAM, BONNIE**
STREET ADDRESS **2643 CHURCH STREET**
CITY-ST-ZIP **COTTONDALE FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** DELETE
NAME **SHORES, DIRK**
STREET ADDRESS **2491 THIRD AVENUE**
CITY-ST-ZIP **ALFORD FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** DELETE
NAME **SARVER, RICK**
STREET ADDRESS **305 NORTH BOULEVARD**
CITY-ST-ZIP **CHIPLEY FL**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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:

Jackie Johnson

Jackie Johnson

2-19-96

904-352-3594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)