

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # N95000000527 (0)

1. Corporation Name

THE AMERICAN CHRISTIAN, CHILDREN'S FOUNDATION IN C



Principal Place of Business

Mailing Address

238 BALFOUR DR
 WINTER PARK FL 32789

238 BALFOUR DR
 WINTER PARK FL 32789

3. Date Incorporated or Qualified
 01/31/1995

3a. Date of Last Report
 N/A

21 252 SAXONY CT

26 252 SAXONY CT

4. FEI Number
 59-3248023

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

23 WINTER SPRINGS

27 WINTER SPRINGS

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

24 32708

25 SEMINOLE

29 32708

30 SEMINOLE

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

IVEY, BERNARD
 238 BALFOUR DR
 WINTER PARK FL 32789

81 Name BERNARD IVEY
 82 Street Address (P.O. Box Number is Not Acceptable) 252 SAXONY CT
 83 WINTER SPRINGS
 84 City FL 85 32708

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
 TITLE DELETE
 NAME ^{DIR} DAWN IVEY
 STREET ADDRESS 252 SAXONY CT
 CITY-ST-ZIP WINTER SPRINGS FL 32708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME ^{CHAIR} BERNARD IVEY
 1.3 STREET ADDRESS 252 SAXONY CT
 1.4 CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE DELETE
 NAME ^{DIR} KAREN IVEY
 STREET ADDRESS 252 SAXONY CT
 CITY-ST-ZIP WINTER SPRINGS FL 32708

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS 800001910458
 5.4 CITY-ST-ZIP -08/01/96--01027--004
 ***61.25

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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 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: DR BERNARD IVEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: JUNE 5-96
 DAYTIME PHONE #: 407-695 5997

CR2E037 (3/96)