

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 # N95000003871 (9)

1. Corporation Name

CHRISTIAN PRESPECTIVE, INC.



Principal Place of Business

**806 WHISPER LAKE COURT
WINTER HAVEN FL 33880-1735**

Mailing Address

**806 WHISPER LAKE COURT
WINTER HAVEN FL 33880-1735**

3. Date Incorporated or Qualified
08/14/1995

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

21 2320 Timbercreek Loop West

2a. Mailing Address

26 2320 Timbercreek Loop, West

4. FEI Number

59-3342819

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

City & State

23 Lakeland, FL

City & State

28 Lakeland FL

Zip

24 33805

Country

25 Polk

Zip

29 33805

Country

30 Polk

9. Name and Address of Current Registered Agent

**BRADY, JOE
806 WHISPER LAKE COURT
WINTER HAVEN FL 33880-1735**

10. Name and Address of New Registered Agent

81 Name Gray, Terry
82 Street Address (P.O. Box Number is Not Acceptable)
83 2320 Timbercreek Loop West
84 City Lakeland FL **85 Zip Code 33805**

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

Terry W. Gray

Terry Gray

Feb 1, 1996

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCMILLEN, CHALMUS R DR.	
STREET ADDRESS	3532 LISA LANE	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, JOE	
STREET ADDRESS	806 WHISPER LAKE COURT	
CITY - ST - ZIP	WINTER HAVEN FL 33880-1735	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACE, LARRY DR.	
STREET ADDRESS	3843 ALT. 27 SOUTH	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAY, TERRY	
STREET ADDRESS	2320 TIMBERCREEK LOOP, WEST	
CITY - ST - ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, EARLE E	
STREET ADDRESS	41 NORTH 20TH STREET, H-17	
CITY - ST - ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delete
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 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: *Rev. Larry E Wallace* Dr. Larry Wallace Feb. 1, 1996 941-676-6872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)