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Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90078 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000000440**

1. Corporation Name  
**CANAAN CHRISTIAN CENTER, INC.**

Principal Place of Business 219 GALE PLACE WEST PALM BEACH FL 33409	Mailing Address 219 GALE PLACE WEST PALM BEACH FL 33409
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>P.O. BOX 222694</b>	3. Date Incorporated or Qualified <b>01/23/1998</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0809036</b>
City & State 23	City & State <b>WEST PALM BEACH FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>33422</b>	Country 30 <b>Palm Beach</b>	

9. Name and Address of Current Registered Agent

**SELF, DAVID C II**  
**400 AUSTRALIAN AVE. SOUTH, STE. 700**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name **SELF, DAVID C. II**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**324 DATURA STREET, SUITE 210**  
 83 **West Palm Beach**  
 84 City **FL** 85 Zip Code **33401**

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 David C. Self II **DAVID C. SELF, II** DATE **1/13/99**

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

12. OFFICERS AND DIRECTORS  DELETE

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WESTON, MARVIN R</b>	
STREET ADDRESS	<b>219 GALE PLACE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WESTON, MARGARET</b>	
STREET ADDRESS	<b>219 GALE PLACE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WESTON, MARKO R</b>	
STREET ADDRESS	<b>219 GALE PLACE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 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, with all other like empowered.

SIGNATURE: Marko R Weston DATE **1/13/99** DAYTIME PHONE # **(561) 683-2096**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)