CORI <b>ANNU</b>	OR BEFORE 8/7/96: \$61.25 ( NPROFIT PORATION AL REPORT		FLORIDA DEPA Sandra	ARTMENT B. Morth tary of Sta	OF STATE parm ate	.,			
DOCUM	MENT # 70	4652	(7)						
1. Corporation	ST HILLS CHURCH (	THE NAT	ADENE INC						
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Principal Place	of Business	Ma	uling Address	•					
11726 N. MARJORY AVE. 11726 N. MARJORY AVE				/F					
TAMPA FL 336 US	512		AMPA FL 33612	· <b>-</b> .					
00		U	J			3. Date Incorporated or Qualified	3a. Da	ate of Last F	
2. Principal Pla	ace of Business	2a.	Mailing Address	· · · · · · · · · · · · · · · · · · ·	******	10/12/1962 4. FEt Number		04/28/1	pplied For
1		26			<u> </u>	59-1886145			lot Applicable
Suite, Apt. # 2 11723	, etc. 3 N. Marjory Ave	e. 27	Suite, Apt. #, etc. 11726 N. (	ola A	ve.	5. Certificate of Status Desired			Additional lequired
City & State			City & State			6. Election Campaign Financing			May Be
3 Tampa Zip	Country	28	<u>Tampa, FL</u> Zip	Co	ountry	Trust Fund Contribution  8. This corporation has liability for	intensible		to Fees
4 33612		29	33612	30	USA	Florida Statutes		No No	5. 199.032,
<del></del>	9. Name and Address of	Current Regist	ered Agent		81 Name	10. Name and Address of New Re	gistered	Agent	
JAIMUN	IGAL, HARDEO, E				82 Street Add	(DO B. 1)			
811 WE	ST 118TH AVE.					dress (P.O. Box Number is Not Acceptat	ole)		
TAMPA	FL 33612				83				
					84 City		EI	<b>85</b> Zip	Code
11. Pursuant to	the provisions of Sections 6	617.0502 and 61	7.1508, Florida Statu	ites, the a	84 City	poration submits this statement for the p	FL urpose of		
OHICE OF TE	o the provisions of Sections 6 gistered agent, or both, in th familiar with, and accept th	ie state of riorida	a Such change was	autnorize	84 City  bove-named corporate by the corporate	poration submits this statement for the pion's board of directors. I hereby accep			
agent. I am SIGNATURE	gistered agent, or both, in th	e obligations of,	Section 617.0503, F	autnorize Iorida Sta	84 City  bove-named corp d by the corporat tutes.	non's board of directors. Thereby accep	urpose of a t the appoi		
agent. I am SIGNATURE S 12.	gristered agent, or both, in the familiar with, and accept the signature, typed or printed name of regions.  OFFICE	e obligations of,	Section 617.0503, F applicable. (NO	authorize lorida Sta	84 City  above-named corporation by the corporation of the corporation	non's board of directors. Thereby accep	urpose of of the appoint	changing its ntment as r	s registered registered
agent. I am SIGNATURE S 12.	of familiar with, and accept the familiar with, and accept the signature, typed or printed name of region OFFICE	ne obligations of, istered agent and title if	Section 617.0503, F	authorize lorida Sta	84 City  above-named corporation by the corporation of the corporation	ion's board of directors. I hereby accep	urpose of of the appoint	changing its ntment as r	s registered egistered
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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:

7/10/96 (813) 933-2474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENCER OR DIRECTOR

Date

Date

Daylime Phone #