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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 703540 (5)  
1. Corporation Name  
**CHRIST MISSION EVANGELISTIC FELLOWSHIP REVIVAL, INC.**

Principal Place of Business Mailing Address  
3604 AUDUBON PLACE P.O. BOX 5514 AUGUSTA GA 30906-2514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/31/1962** 3a. Date of Last Report **09/01/1994**

4. FEI Number **58-1293700** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**GOLDEN, MARY L.  
2410 NW 59TH STREET  
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | VD                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MERRITT, DOROTHY     | 1.2 NAME  |  |
| STREET ADDRESS             | 1525 WILDER ST       | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | AUGUSTA GA           | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | GS                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GOLDEN, BETTY        | 2.2 NAME  |  |
| STREET ADDRESS             | 3604 AUDUBON PL      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | AUGUSTA GA           | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PR                   | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LIPPETT, BARBARA     | 3.2 NAME  |  |
| STREET ADDRESS             | 2410 NW 59TH ST      | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL             | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | CD                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MACKY, ELSIE         | 4.2 NAME  |  |
| STREET ADDRESS             | 110 PHINIZY ST.      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | GROVETOWN GA         | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HABERSHAM, JOHNNY R. | 5.2 NAME  |  |
| STREET ADDRESS             | 1525 WILDER ST.      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | AUGUSTA GA           | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 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: *Betty J. Golden* DATE: *2/19/95* *706 790 4992*

MINIATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR