

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 # 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 30906-5514

3604 AUDUBON PLACE
P.O. BOX 5514
AUGUSTA GA 30906-2514

3. Date Incorporated or Qualified
01/31/1962

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
58-1293700

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

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

GOLDEN, MARY L.
2410 NW 59TH STREET
MIAMI FL 33142

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MERRITT, DOROTHY	
STREET ADDRESS	1525 WILDER ST	
CITY - ST - ZIP	AUGUSTA GA	
TITLE	GS	<input type="checkbox"/> DELETE
NAME	GOLDEN, BETTY	
STREET ADDRESS	3604 AUDUBON PL	
CITY - ST - ZIP	AUGUSTA GA	
TITLE	PR	<input type="checkbox"/> DELETE
NAME	FOSTER, GEORGIA	
STREET ADDRESS	2410 NW 59TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MACKY, ELSIE	
STREET ADDRESS	110 PHINIZY ST.	
CITY - ST - ZIP	GROVETOWN GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HABERSHAM, JOHNNY R.	
STREET ADDRESS	1525 WILDER ST.	
CITY - ST - ZIP	AUGUSTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

706-724-6479

CR2E037 (12/95)