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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703540 (5)
1. Corporation Name
CHRIST MISSION EVANGELISTIC FELLOWSHIP REVIVAL, INC.



Principal Place of Business 3604 AUDUBON PLACE P.O. BOX 5514 AUGUSTA GA 30965-5514 US	Mailing Address 3604 AUDUBON PLACE P.O. BOX 5514 AUGUSTA GA 30906-4475
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3. Date Incorporated or Qualified 01/31/1962	3a. Date of Last Report 01/29/1996
4. FEI Number 58-1293700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, GEORGIA	3.2 NAME	
STREET ADDRESS	2410 NW 59TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	MD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard Wells	6.2 NAME	
STREET ADDRESS	2704 Tara Heights Ct.	6.3 STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30906	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **4/22/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # 0075786

CR2E037 (9/96)