

SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

**APPROVED
AND
FILED**

95 JUL 27 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 710071 (2)

1. Corporation Name
CHRISTIAN COMMUNITY SERVICE AGENCY, INC.

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------------------|---|---------|
| Principal Place of Business | | Mailing Address | |
| 3899 NW 7TH ST SUITE 200 MIAMI FL 33126 | | 3899 NW 7TH ST SUITE 200 MIAMI FL 33126 | |
| 2. Principal Place of Business | 2a. Mailing Address | | |
| 21 | 26 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | 27 | | |
| City & State | | City & State | |
| 23 | 28 | | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 12/20/1965 | 03/22/1994 |
| 4. FEI Number | Applied For |
| 59-1108789 | Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status | <input checked="" type="checkbox"/> FILING FEE IS \$61.25 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| JONES, JESSE C. 501 BRICKELL KEY DR. SUITE 300 MIAMI FL 33131 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | PD | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REID, HOMER | 12 NAME | |
| STREET ADDRESS | 13647 SW 112 LANE | 13 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 14 CITY - ST - ZIP | |
| TITLE | TD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIVERA, GLADYS | 22 NAME | 900001550539 |
| STREET ADDRESS | 6054 SW 127TH CT. | 23 STREET ADDRESS | -08/01/95--01058--026 |
| CITY - ST - ZIP | MIAMI FL | 24 CITY - ST - ZIP | *****70.00 *****70.00 |
| TITLE | SD | 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REES, EVAN | 32 NAME | VAUGHN, ROBERT J. |
| STREET ADDRESS | 7910 CAMINO REAL, #N111 | 33 STREET ADDRESS | 13220 SW 98 PLACE |
| CITY - ST - ZIP | MIAMI FL | 34 CITY - ST - ZIP | MIAMI, FL |
| TITLE | VD | 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, JESSE | 42 NAME | |
| STREET ADDRESS | 501 BRICKELL KEY DR. | 43 STREET ADDRESS | 501 BRICKELL KEY DR., #300 |
| CITY - ST - ZIP | MIAMI FL | 44 CITY - ST - ZIP | |
| TITLE | VD | 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITEHEAD, PRISCILLA | 52 NAME | |
| STREET ADDRESS | 501 96TH STREET | 53 STREET ADDRESS | BAL HARBOUR, FL |
| CITY - ST - ZIP | MIAMI FL | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | 955 |
| STREET ADDRESS | | 63 STREET ADDRESS | 7/27/95 |
| CITY - ST - ZIP | | 64 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 granted in Section 119.07(3)(g), 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: James F.C. Gustafson Rev. James F.C. Gustafson 6-8-95 (305) 541-0244
(Signature, typed or printed name of signing officer or director) (Date) (System Name #)

CR2E037 (3/95)