

**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 # 710071 (2)  
1. Corporation Name  
CHRISTIAN COMMUNITY SERVICE AGENCY, INC.



Principal Place of Business: 3899 NW 7TH ST SUITE 200 MIAMI FL 33126  
Mailing Address: 3899 NW 7TH ST SUITE 200 MIAMI FL 33126

3. Date Incorporated or Qualified: 12/20/1965  
3a. Date of Last Report: 07/27/1995  
4. FEI Number: 59-1108789  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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  
85 Zip Code: FL

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REID, HOMER	
STREET ADDRESS	13647 SW 112 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIVERA, GLADYS	
STREET ADDRESS	6054 SW 127TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VAUGHN, ROBERT J	
STREET ADDRESS	13220 SW 98 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, JESSE	
STREET ADDRESS	501 BRICKELL KEY DR. # 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITEHEAD, PRISCILLA	
STREET ADDRESS	501 96TH STREET	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jones, Jesse C.	
1.3 STREET ADDRESS	501 Brickell Key Dr. #300	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Whitehead, Priscilla	
2.3 STREET ADDRESS	501 96th Street	
2.4 CITY-ST-ZIP	Bal Harbour, FL 33154	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rivera, Gladys	
3.3 STREET ADDRESS	735 SE 18 Lane	
3.4 CITY-ST-ZIP	Homestead, FL 33033	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Poitier, Marie	
4.3 STREET ADDRESS	3131 NW 57 Street	
4.4 CITY-ST-ZIP	Miami, FL 33142	
5.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gustafson, James F.C.	
5.3 STREET ADDRESS	8980 SW 122 Place, #218	
5.4 CITY-ST-ZIP	Miami, FL 33186	
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: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: 305 541-0244

CR2E037 (12/95)