

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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

Mailing Address

**3899 NW 7TH ST  
SUITE 200  
MIAMI FL 33126****3899 NW 7TH ST  
SUITE 200  
MIAMI FL 33126-5551**3. Date Incorporated or Qualified  
**12/20/1965**3a. Date of Last Report  
**04/25/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-1108789**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**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

**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 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, JESSE C	
STREET ADDRESS	501 BRICKELL KEY DR STE 300	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, GLADYS	
STREET ADDRESS	6054 SW 127TH CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, GLADYS	
STREET ADDRESS	735 SE 18TH LANE	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	VD	<input checked="" 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	M	<input checked="" type="checkbox"/> DELETE
NAME	GUSTAFSON, JAMES F C	
STREET ADDRESS	8980 SW 122ND PL STE 218	
CITY - ST - ZIP	MIAMI FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gladys Rivera	
1.3 STREET ADDRESS	735 SE 18 Lane	
1.4 CITY - ST - ZIP	Homestead, FL 33130	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Al Drake	
2.3 STREET ADDRESS	750 Arthur Godfrey Road	
2.4 CITY - ST - ZIP	Miami Beach, FL 33140	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Marie Poltier	
3.3 STREET ADDRESS	3131 NW 57 Street	
3.4 CITY - ST - ZIP	Miami, FL 33142	
4.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James F.C. Gustafson	
4.3 STREET ADDRESS	15618 SW 112 Drive	
4.4 CITY - ST - ZIP	Miami, FL 33196	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James F.C. Gustafson****3/7/97****(305) 541-0244**

Date

Daytime Phone # 0028369

CR2E037 (9/96)