

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am
Secretary of State

NONPROFIT 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

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

3. Date Incorporated or Qualified 12/20/1965 3a. Date of Last Report 04/25/1996
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
JONES, JESSE C.
501 BRICKELL KEY DR.
SUITE 300
MIAMI FL 33131

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: _____ (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 BRICKEEL 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	GUSTAFOSON, 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 Poitier	
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: James F.C. Gustafson 3/7/97 (305) 541-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028369

CR2E037 (9/96)