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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00 am
Secretary of State

DOCUMENT # 753872 (1)

1. Corporation Name

CHILDRENS' CHURCH OF THE LORD JESUS, INC.



Principal Place of Business

Mailing Address

ORANGE AVE. 29 ST.
FT. PIERCE FL 34946

RELEASE LIFHRED
101 TROPIC CT.
FT. PIERCE FL 34946-1257

2. Principal Place of Business

2a. Mailing Address

21 Fort Pierce

25 101 Tropic Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 Fort Pierce Florida

28 Fort Pierce Florida

City & State

City & State

24 34946

25 St. Lucie

29 34946

30 St. Lucie

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIFHRED, ELEASE
101 TROPIC COURT
FT. PIERCE FL 33450

81 Name

Elease Lihred

82

Street Address (P.O. Box Number is Not Acceptable)

101 Tropic Court Fort Pierce

83

Florida 34946

84

City Fort Pierce

FL

85 Zip Code

34946

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 Elease Lihred

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LIFHRED, ELEASE
STREET ADDRESS 101 TROPIC COURT
CITY-ST-ZIP FT. PIERCE FL 33450

TITLE VD
NAME WILLIAMS, JIMMY L.
STREET ADDRESS 3129 DURAN TERRACE
CITY-ST-ZIP FT. PIERCE FL

TITLE STD
NAME WEST, EVELYN
STREET ADDRESS 2807 KINGSLEY DR.
CITY-ST-ZIP FT. PIERCE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Elease Lihred
101 Tropic Ct
Fort Pierce FL 34946

Jimmy L. Williams
3129 Duran Terr.
Ft. Pierce, Fla. 34982

Evelyn West
2807 Kingsley Dr.
Ft. Pierce FL 34946

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Elease Lihred

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0070744

CR2E037 (9/96)