

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 # 754520 (5)

1. Corporation Name

CHRISTIAN SERVICEMEN'S CENTERS OF AMERICA, INC.



Principal Place of Business

Mailing Address

1010 BENNETT RD.
ORLANDO FL 32803

1010 BENNETT RD.
ORLANDO FL 32803

3. Date Incorporated or Qualified

10/08/1980

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2031302

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

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

KILGORE, JACK L.
1010 BENNETT RD.
ORLANDO FL 32803

81 Name

Lancaster, William T.

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

7491 Betty Street

83

84 City

Winter Park,

FL

32792

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 617.0502, Florida Statutes.

SIGNATURE

William T. Lancaster

2-9-96

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	<input checked="" type="checkbox"/> DELETE
NAME	KILGORE, JACK L.	
STREET ADDRESS	1010 BENNETT RD.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOWREN, LEROY W	
STREET ADDRESS	121 TIMBER LN	
CITY-ST-ZIP	JACKSONVILLE NC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WELLMAN, JACK	
STREET ADDRESS	1607 BROAD AVE.	
CITY-ST-ZIP	GULFPORT, MS 39503	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENMARK, RONALD	
STREET ADDRESS	714 20TH ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lancaster, William T.	
1.3 STREET ADDRESS	7491 Betty Street	
1.4 CITY-ST-ZIP	Winter Park, FL 32792	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1010 Bennett Road	
2.3 STREET ADDRESS	Orlando, FL 32803	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	200001743692	
3.4 CITY-ST-ZIP	-03/14/96--01107--004	
4.1 TITLE	***61.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	32805	
4.4 CITY-ST-ZIP		
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 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:

William T. Lancaster

1-16-96 407-884-4465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E037 (12/95)