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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758823 (9)

1. Corporation Name
CHRIST IS LORD, INC.



Principal Place of Business 109 KNOLLCREST DR. P.O. BOX 915198 327915198 LONGWOOD FL 32779	Mailing Address 109 KNOLLCREST DR. P.O. BOX 915198 327915198 LONGWOOD FL 32779-2449
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3. Date Incorporated or Qualified 06/17/1981	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2151726	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WERTHMAN, REV DR THOM
109 KNOLLCREST DRIVE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	NAME WERTHMAN, REV DR THOM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 109 KNOLLCREST DRIVE	CITY-ST-ZIP LONGWOOD FL	1.2 NAME	
TITLE VD	NAME WERTHMAN, MR DALE M	1.3 STREET ADDRESS	
STREET ADDRESS 109 KNOLLCREST DR.	CITY-ST-ZIP LONGWOOD FL 32779	1.4 CITY-ST-ZIP	
TITLE D	NAME PODELL, NORMA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 75 INDIAN COUNTRY	CITY-ST-ZIP GOULDSBORO PA 18424	2.2 NAME	
TITLE SD	NAME RATCLIFFE, ANNE	2.3 STREET ADDRESS	
STREET ADDRESS 4 GEORGE STREET, RHYDE	CITY-ST-ZIP ISLE OF WIGHT EN	2.4 CITY-ST-ZIP	
TITLE D	NAME MCGUIRE, JOE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 117 PERRY ST.	CITY-ST-ZIP NYC NY 10014	3.2 NAME	
TITLE D	NAME SERGE, L. MARY	3.3 STREET ADDRESS	
STREET ADDRESS 587 PORTLAND CIRCLE	CITY-ST-ZIP APOPKA FL	3.4 CITY-ST-ZIP	
		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	RYDE
		4.3 STREET ADDRESS	
		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 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: Rev. Dr. Thom Werthman Date: 4/11/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

(407)
 798-0110
 Daytime Phone # 0012026