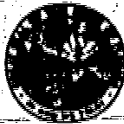


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996
AMOUNT DUE ON OR BEFORE 8/9/95: \$100 (IF DISSOLVED, RETURN AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 29 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760451 (5)

1. Corporation Name

CHRISTIAN UNION AIDE OF BENEVOLENCE, INC.

Principal Place of Business

Mailing Address

C/O WILLIAM ROBINSON
1411 LOUISANNA AVE
LYNN HAVEN FL 32444

C/O WILLIAM ROBINSON
1411 LOUISANNA AVE
LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1981	3a. Date of Last Report 03/14/1994
4. FEI Number 59-3007574	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWERS, THEODORE R
1336 LINCOLN DR
PANAMA CITY FL FL 32401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ROBINSON, WILLIAM
STREET ADDRESS	1411 LOUISANNA AVE
CITY - ST - ZIP	LYNN HAVEN FL
TITLE	VD
NAME	SIPPS, EMMA SUE
STREET ADDRESS	806 CEDOR AVE
CITY - ST - ZIP	PANAMA CITY FL
TITLE	TD
NAME	GODWIN, IOLA
STREET ADDRESS	724 ELM AVE
CITY - ST - ZIP	PANAMA CITY FL
TITLE	SD
NAME	WILLIAMS, ELLA
STREET ADDRESS	538 ELM AVE
CITY - ST - ZIP	PANAMA CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	200001528822
2.3 STREET ADDRESS	-07/03/95--01007--019
2.4 CITY - ST - ZIP	***130.00 ***130.00
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SIGNATURE:

WILLIAM ROBINSON

WILLIAM ROBINSON

PRESIDENT

Date

Daytime Phone

6-20-95 9042659264