


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762410** (9)  
1. Corporation Name  
**BACK TO CHRIST EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business <b>502 CALHOUN AVENUE SEFFNER FL 33584</b>	Mailing Address <b>502 CALHOUN AVENUE SEFFNER FL 33584</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>03/15/1982</b>	
4. FEI Number <b>65-0543628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JACKSON, MARVIN P ESQUIRE 205 MARTIN LUTHER KING BLVD PO BOX 7481 TAMPA FL 33673</b>
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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
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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	<input type="checkbox"/> DELETE
NAME	<b>PD MOORE, LEWIS ELDER</b>
STREET ADDRESS	<b>502 CALHOUN AVENUE</b>
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BALKMAN, ROBERT</b>
STREET ADDRESS	<b>6659 MESSER DR.</b>
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BALKMAN, JENETTE</b>
STREET ADDRESS	<b>6659 MESSER DRIVE</b>
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D MOORE, VICTOR</b>
STREET ADDRESS	<b>502 CALHOUN AVE</b>
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>FSD MOORE, JAMES P</b>
STREET ADDRESS	<b>8151 TOM SAWYER DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33637</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>RSD MOORE, MARILYN</b>
STREET ADDRESS	<b>8151 TOM SAWYER DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33637</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>FSD Leroy Kelly</b>
5.3 STREET ADDRESS	<b>507 CALHOUN AVE</b>
5.4 CITY-ST-ZIP	<b>SEFFNER FL 33584</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>RSD Victoria E Moore</b>
6.3 STREET ADDRESS	<b>9402 19th Street</b>
6.4 CITY-ST-ZIP	<b>TAMPA FL 33612</b>

14. I 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 *[Signature]* 2-1-98

CR2E037 (10/97)