

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764756 (3)**  
 1. Corporation Name  
**CHRISTIAN CONCILIATION SERVICE OF CENTRAL FLORIDA, INC.**



Principal Place of Business <b>1599 DRUID ROAD MAITLAND FL 32751</b>	Mailing Address <b>1599 DRUID ROAD MAITLAND FL 32751</b>
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3. Date Incorporated or Qualified <b>08/30/1982</b>	3a. Date of Last Report <b>07/24/1995</b>
4. FEI Number <b>59-2214649</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>2250 Lucien Way</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>Suite 100</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Maitland, Florida</b>	City & State 28
Zip 24 <b>32751</b>	Country 25 <b>U.S.A.</b>
Zip 29	Country 30

9. Name and Address of Current Registered Agent  <b>PALMER, WILLIAM D 255 S. ORANGE AVE. SUITE 1600 ORLANDO FL 32801</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;">                     FL 85 Zip Code                 </div>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOULTON, RICHARD W</b>	1.2 NAME	
STREET ADDRESS	<b>530 DOG TRACK RD.</b>	1.3 STREET ADDRESS	<b>280 Lake Seminary Circle</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	1.4 CITY-ST-ZIP	<b>Maitland, FL 32751</b>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, DONALD E</b>	2.2 NAME	
STREET ADDRESS	<b>1199 CLAY ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, RODNEY M</b>	3.2 NAME	
STREET ADDRESS	<b>2718-B N. ORANGE AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Richard W. Moulton May 30, 1996 (407) 667-3538  
 RICHARD W. MOULTON, PRESIDENT Date Daytime Phone #

CR2E037 (12/95)