


FILE NOW: FILING FEE IS \$61.25 **\$122.50**

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97 APR 29 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1996-1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 769257**

1. Corporation Name  
**CHRISTIANITY MAGAZINE, INC.**

Principal Place of Business	Mailing Address
1427 Parental Home Rd Jacksonville, FL 32216	1427 Parental Home Rd Jacksonville, FL 32216

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>07/01/1983</b>	3a. Date of Last Report <b>04/19/1995</b>
4. FEI Number <b>59-2330795</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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**QUESADA, A.AUGUST, JR.**  
**200 W. Forsyth St., Suite 800**  
**Jacksonville, FL 33202**

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

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRELL, DAVID EDWIN JR.	
STREET ADDRESS	1309 GATEWOOD DR. #705	
CITY- ST- ZIP	AUBURN, AL 36830	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRELL, ADELIA	
STREET ADDRESS	1309 GATEWOOD DR #705	
CITY- ST- ZIP	AUBURN, AL. 36830	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARDAGE, ROBERT H.	
STREET ADDRESS	1427 PARENTAL HOME RD	
CITY- ST- ZIP	JACKSONVILLE, FL. 32216	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARDAGE, MARILYN H.	
STREET ADDRESS	1427 PARENTAL HOME RD	
CITY- ST- ZIP	JACKSONVILLE, FL. 32216	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWMAN, DEE	
STREET ADDRESS	229 WEST CLARE	
CITY- ST- ZIP	DEER PARK, TX. 77536	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWMAN, NORMA	
STREET ADDRESS	229 WEST CLARE	
CITY- ST- ZIP	DEER PARK, TX. 77536	

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 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		

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 \*\*\*\*122.50 \*\*\*\*122.50

APR 4/25

14. I do 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: Robert H. Hardage** Robert. H. Hardage 4-28-97 904-355 5641  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)

769257



# Christianity

ENCOURAGING DAILY LIVING FOR CHRIST

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MAGAZINE

P. O. Box 16488  
Jacksonville, FL 32216  
904/725-5903

April 28, 1997

EDITORS:

Dee Bowman  
Paul Earnhart  
Sewell Hall  
Ed Harrell  
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Mr. Sean Toner  
Senior Section Administrator  
Division of Corporations  
P.O.Box 6327  
Tallahassee, Fl 32314

SUBJECT: Christianity Magazine, Inc  
Ref.Number 769257

Your Letter Number: 497A00020812

Dear Sir:

Enclosed is the completed Annual Report for  
Christianity Magazine, Inc. and check for \$122.50,  
for 1996 and 1997.

I thank you for your rapid response to my telephone  
call of April 23rd. We never received the 1996  
annual report and to this date have not received  
the 1997 annual report. Our Registered Agent  
moved his office last year and apparently the mail  
was not forwarded to him.

I made a copy of the form- so if I have not completed  
it correctly call me and I'll redue the form.

Sincerely,

Robert H Hardage  
(904) 355 5641 or  
(904) 725 5903