## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DIVISION OF CORPORATIONS

Secretary of State

1996

DOCUMENT # 836068 (7) 1. Corporation Name					
CHRISTIAN RECORD SERVICES, INC.					
Principal Place of Business Mailing Address					
4444 S. 52ND ST.		PO BOX 6097			
		LINCOLN NE 68506 US			
		55		3. Date Incorporated or Qualified 03/31/1976	3a. Date of Last Report 07/03/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 47-0405439	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Ciby 9 State		27 City 8 Casts			Fee Required
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inl	
24	25	29	30		Yes 🕅 No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
EDGEO	MADE I ADDV				
EDGECOMBE, LARRY 536 PROVIDENCE BLVD.			82 Street Add	ress (P.O. Box Number is Not Acceptable	
DELTONA FL 32725			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 :					
12.	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered Agent signature require  13.	d when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	VC OFFICERIS AND	DELETE	1.1 THLE	ADDITIONS OF IANGLES TO OFFIC	Change Addition
NAME	SANDEFUR, CHUCK	_	1.2 NAME		<u> </u>
\$TREET ADDRESS	8550 PIONEERS BLVD.		1 3 STREET ADDRESS		
CITY - SI - ZIP	LINCOLN NE		1.4 CITY - ST - ZIP		
TITLE	C	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RANZOLIN, L S		2 2 NAME		
STREET ADDRESS	6 AYLESBURY CT. SILVER SPRING MD		2.3 STREET ADDRESS		
CITY-ST-ZIF TITLE	P SILVER SPRING MU		2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	PITCHER, LAWRENCE J	Пресете	3.2 NAME		Powerdo Pagerros
STREET ADDRESS	4444 S. 52ND ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN NE		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	APPENZELLER, R E		4. 2 NAME		
STREET ADDRESS	15425 AYLESBURG ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRING MD		4.4 CITY - ST - ZIP		
TITLE	LIAMENTO LA	DELETE	5.1 TITLE		Change Addition
NAME CINCEL ADDRESS	HAWKINS, L V 4444 S. 52ND ST.		5.2 NAME		
STREET ADDRESS CITY-ST-ZIP	LINCOLN NE		5.3 STREET ADDRESS		
TITLE	S	DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME	GILBERT, COLLEEN		62 NAME		——————————————————————————————————————
STREET ADDRESS	4444 S. 52ND ST.		6 3 STREET ADDRESS		
CITY-ST-ZIF	LINCOLN NE		64 CITY-ST-ZIP		
	by certify that the information supplied v	vith this filing is voluntarily furr		for the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further

roo hereby 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

Date

(402)488-0981

Daytime Phone #