

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 840364 (4)

1. Corporation Name

CHRISTIAN COMMUNICATIONS, INC.



Principal Place of Business

% L.R. WILSON  
6950 MENIFEE CT.  
NEW PT. RICHEY FL 34653-2725

Mailing Address

% L.R. WILSON  
6950 MENIFEE CT.  
NEW PT. RICHEY FL 34653-2725

3. Date Incorporated or Qualified  
04/05/1978

3a. Date of Last Report  
09/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
58-1250506

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, RICHARD  
C/O L.R. WILSON & FRANK WILSON  
6950 MENIFEE CT.  
NEW PT. RICHEY FL 34653-2725

81 Name

Richard Wilson

82 Street Address (P.O. Box Number is Not Acceptable)

6059 43rd TERRACE NORTH

83

84 City

ST. Petersburg

FL

85 Zip Code

33709

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

Richard Wilson

Richard Wilson

1-26-96

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 CST ☐ DELETE  
NAME WILSON, L. R.  
STREET ADDRESS 6950 MENIFEE CT.  
CITY-ST-ZIP NEW PT. RICHEY FL 34653-2725

TITLE D ☐ DELETE  
NAME LUNA E.R.  
STREET ADDRESS P.O. BOX 2576 NA  
CITY-ST-ZIP GULF SHORES FL

TITLE D ☐ DELETE  
NAME ENWRIGHT, WILLIAM T.  
STREET ADDRESS 3702 S.W. 28TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE  
NAME WILSON, FRANK B  
STREET ADDRESS 6950 MENIFEE CT.  
CITY-ST-ZIP NEW PT. RICHEY FL 34653-2725

TITLE D ☐ DELETE  
NAME HUNT, MM  
STREET ADDRESS 28809 BENNINGTON DRIVE  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE D ☐ DELETE  
NAME Wilson, Richard  
STREET ADDRESS 6059 43rd TERRACE NORTH  
CITY-ST-ZIP ST. Petersburg, FL 33709

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: *R. Wilson* CST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

Date

813-821,  
877-0693

Daytime Phone #

CR2E037 (12/95)