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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000002159 (0)

1. Corporation Name

CHRIST JESUS TRIUMPHANT, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1198  
LYNN HAVEN FL 32444

P.O. BOX 1198  
LYNN HAVEN FL 32444

3. Date Incorporated or Qualified

05/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 874 10 LAKES DR.

26 874 10 LAKES DR.

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DEFUNIAK SPRINGS, FL.

28 DEFUNIAK SPRINGS, FL.

Zip

Country

Zip

Country

24 32433

25 USA

29 32433

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROUNTREE, ALBERT  
2508 MINNESOTA, #0-259  
LYNN HAVEN FL 32444

81 Name

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

83 874 10 LAKES DR.

84 City DEFUNIAK SPRINGS, FL

85 Zip Code 32433

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

ALBERT ROUNTREE

Albert Rountree

1/22/96

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME ROUNTREE, ALBERT  
STREET ADDRESS 2508 MINNESOTA, 0-259  
CITY-ST-ZIP LYNN HAVEN FL 32444

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 874 10 LAKES DR.  
1.4 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE DST ☐ DELETE

NAME ROUNTREE, ANN  
STREET ADDRESS 2508 MINNESOTA, 0-259  
CITY-ST-ZIP LYNN HAVEN FL 32444

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 874 10 LAKES DR.  
2.4 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE DV ☐ DELETE

NAME RUEGG, ALICE  
STREET ADDRESS RT. 1, BOX 42K  
CITY-ST-ZIP HALLSVILLE TX 75650

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

Albert Rountree

1-22-96

904-869-1052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)