


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **F95000002159 (0)**

1. Corporation Name

CHRIST JESUS TRIUMPHANT, INC.



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|---|---|
| Principal Place of Business 874 10 LAKES DRIVE DEFUNIAK SPRINGS FL 32433 US | Mailing Address 874 10 LAKES DRIVE DEFUNIAK SPRINGS FL 32433 US |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|---|--|
| 3. Date Incorporated or Qualified 05/03/1995 | 3a. Date of Last Report 01/29/1996 |
| 4. FEI Number 75-2561620 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 9. Name and Address of Current Registered Agent ROUNTREE, ALBERT 874 10 LAKES DRIVE DEFUNIAK SPRINGS FL 32433 | |
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| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|----------------------------|---|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | DP <input checked="" type="checkbox"/> DELETE |
| NAME | ROUNTREE, ALBERT |
| STREET ADDRESS | 2508 MINNESOTA, 0-259 |
| CITY-ST-ZIP | LYNN HAVEN FL 32444 |
| TITLE | DST <input checked="" type="checkbox"/> DELETE |
| NAME | ROUNTREE, ANN |
| STREET ADDRESS | 2508 MINNESOTA, 0-259 |
| CITY-ST-ZIP | LYNN HAVEN FL 32444 |
| TITLE | DV <input type="checkbox"/> DELETE |
| NAME | RUEGG, ALICE |
| STREET ADDRESS | RT. 1, BOX 42K |
| CITY-ST-ZIP | HALLSVILLE TX 75650 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Albert Roantree |
| 1.3 STREET ADDRESS | 874 TEN LAKES Dr. |
| 1.4 CITY-ST-ZIP | DEFUNIAK SPRINGS, FL, 32433 |
| 2.1 TITLE | DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Ann Rountree |
| 2.3 STREET ADDRESS | 874 TEN LAKES Dr. |
| 2.4 CITY-ST-ZIP | DEFUNIAK SPRINGS, FL, 32433 |
| 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 | |

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: *Albert Rountree, sec. / trea.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0077632**

CR2E037 (9/96)