

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J98666 (7)
1. Corporation Name
CHRISTIAN REALTY & MANAGEMENT SERVICES, INC.



Principal Place of Business Mailing Address
C/O JAMES E. LEWIS
1906 1/2 KINGS ROAD
JACKSONVILLE FL 32209
C/O JAMES E. LEWIS
1906 1/2 KINGS ROAD
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified 10/23/1987
3a. Date of Last Report 09/25/1995
4. FEI Number 59-2853232
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

2. Principal Place of Business 2a. Mailing Address
21 8905 CASTLE BLVD. 26 8905 CASTLE BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 JACKSONVILLE FL 28 JACKSONVILLE FL
Zip Country Zip Country
24 32208 25 32208 29 32208 30 32208

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, JAMES E
~~1906 1/2 KINGS ROAD~~ 8905 CASTLE BLVD
JACKSONVILLE FL 32209-32208

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed in presence of registered agent and filed (Applicable)

(NOTE: Registered Agent signature required when reelecting)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JAMES E	1.2 NAME	LEWIS, JAMES E
STREET ADDRESS	1906 1/2 KINGS ROAD	1.3 STREET ADDRESS	8905 CASTLE BLVD.
CITY - ST - ZIP	JACKSONVILLE FL 32209	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32208
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: James E. Lewis - JAMES E. LEWIS 8/5/96 (904) 768-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)