

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L16601 (1)

1. Corporation Name

CHRISTIAN CARE CENTERS OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

206 CRESTVIEW BLVD. *DAVE*
BLACK MOUNTAIN NC 28711
US

206 CRESTVIEW DRIVE
BLACK MOUNTAIN NC 28711
US



3. Date Incorporated or Qualified
09/14/1989

3a. Date of Last Report
04/17/1995

4. FEI Number

65-0141388

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LORD, PETER M

2806 PARK AVENUE
TITUSVILLE FL 32780

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or officer or director

6/4/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
MACHEN, ELDRIDGE G.
1713 LONGBOW LANE
CLEARWATER FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
PST
MACHEN, ELDRIDGE G.
206 CRESTVIEW DRIVE
BLACK MT., NC 28711

Change Addition

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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 607, 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

6/4/96

(204) 268-1118

CR2E034 (12/95)