

FILE NOW: FILING FEE IS \$61.25

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Jan 29 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N03428** (2)
1. Corporation Name
CHRISTIAN'S HELP, INC.



Principal Place of Business %ROBERT E. CROWN 1219 SOUTH FRANKLIN CIRCLE CLEARWATER FL 34616-5815		Mailing Address %ROBERT E. CROWN 1219 SOUTH FRANKLIN CIRCLE CLEARWATER FL 34616-5815		3. Date Incorporated or Qualified 06/04/1984	
2. Principal Place of Business 21 1219 Franklin Circle		2a. Mailing Address 26 1219 Franklin Circle		4. FEI Number 59-2422601	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For Not Applicable	
City & State 23 Clearwater, FL		City & State 28 Clearwater, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33756-5815		Zip 29 33756-5815		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CROWN, ROBERT E. 1219 SOUTH FRANKLIN CIRCLE CLEARWATER FL		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1219 Franklin Circle 83 84 City FL 85 Zip Code 33756-5815			
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 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	PD	<input type="checkbox"/> DELETE			
NAME	CROWN, ROBERT E.				
STREET ADDRESS	1219 S FRANKLIN CIR				
CITY-ST-ZIP	CLEARWATER FL				
TITLE	SDT	<input type="checkbox"/> DELETE			
NAME	MURRAY, MARY LOU				
STREET ADDRESS	1420 MORROW DRIVE				
CITY-ST-ZIP	CLEARWATER FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WICKMAN, CARL V				
STREET ADDRESS	899 BAY ESPLANADE				
CITY-ST-ZIP	CLEARWATER FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	RINARD, PATRICK W				
STREET ADDRESS	201 HOWARD DR				
CITY-ST-ZIP	BELLEAIR BEACH FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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 checked="" type="checkbox"/> Addition				
5.2 NAME	Ronald C. Crown				
5.3 STREET ADDRESS	2 Seaside Lane, Unit 104				
5.4 CITY-ST-ZIP	Belleair, FL 33756				
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 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:

ROBERT E. CROWN

1/14/98 813/446 3091

CR2E037 (10/97)