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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11177

1. Corporation Name

AMERICAN CHRISTIAN TELEVISION SYSTEM OF JACKSONVILLE, INC.

Principal Place of Business

4401 GEORGETOWN DR
4401 GEORGETOWN DRIVE
JACKSONVILLE FL 32210
US

Mailing Address

4401 GEORGETOWN DR
4401 GEORGETOWN DRIVE
JACKSONVILLE FL 32210-4708
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/19/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2762444
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SIMONIC, NICHOLAS T.
~~1025 EMERSON STREET~~
JACKSONVILLE FL

New address

10. Name and Address of New Registered Agent

81 Name	SIMONIC, NICHOLAS T.		
82 Street Address (P.O. Box Number is Not Acceptable)	2750 Perimeter Park Boulevard		
83			
84 City	JACKSONVILLE	FL	85 Zip Code
			32216

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PRINGLE, JAMES K.	1.2 NAME	PRINGLE, JAMES K.
STREET ADDRESS	8545 CROSS TIMBERS DR. W	1.3 STREET ADDRESS	315 SCENIC POINT LANE
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VD	2.1 TITLE	VD
NAME	PRINGLE, RITA A.	2.2 NAME	PRINGLE, RITA A.
STREET ADDRESS	8545 CROSS TIMBERS DR. W	2.3 STREET ADDRESS	315 SCENIC POINT LANE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	ST	3.1 TITLE	
NAME	WARD, CARLOS	3.2 NAME	
STREET ADDRESS	170 URSULA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

James K. Pringle SIGNATURE REQUIRED JAMES K. PRINGLE 3/31/99 904-777-8905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)