FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N12414 (1)

1. Corporation Name

CHRISTIANS UNLIMITED CHURCH, INCORPORATED

Principal Place of Business

690 N.E. 113TH ST. BISCAYNE PARK. 33161
BOX 611480
N. MIAMI FL 33261-8480

Mailing Address

PO BOX 621057
BOX 611480
ORLANDO FL 32862-1057
US

	2. Principal Place of Business		2a. Mailing Address
21	4267 S Semoran Blvd	26	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	Suite 22	27	
	City & State		City & State
23	Orlando FL	28	
24	Zip 32822	25 Country USA	29 Zip	30 Country

3. Date Incorporated or Qualified **12/06/1985**
3a. Date of Last Report **02/03/1995**
4. FEI Number **59-2607798**   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

9. Name and Address of Current Registered Agent

OWEN, BEVERLY
4267 S. SEMORAN BLVD. #22
ORLANDO FL 32822

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 _____
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME OWEN, WALDEN		1.2 NAME	
STREET ADDRESS 4267 S SEMORAN BLVD. #22		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME BERG, MICHAEL		2.2 NAME	BERG, Michael
STREET ADDRESS 157 NW 104 STR		2.3 STREET ADDRESS	3030 Jon Jon Court
CITY-ST-ZIP MIAMI SHORES FL		2.4 CITY-ST-ZIP	Orlando FL 32822
TITLE STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME OWEN, BEVERLY		3.2 NAME	
STREET ADDRESS 4267 S SEMORAN BLVD. #22		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3-15-96   Daytime Phone # 407 273 1667