

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12962 (9)

1. Corporation Name

CHRISTIAN LEADERSHIP PRAYER BREAKFAST, INC.



Principal Place of Business

Mailing Address

% JAMES D SPANIOLO
ONE BISCAYNE TOWER, STE 3800
MIAMI FL 33131% JAMES D SPANIOLO
ONE BISCAYNE TOWER, STE 3800
MIAMI FL 33131-18063. Date Incorporated or Qualified
01/15/19863a. Date of Last Report
05/10/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o Calvin H. Babcock

26 c/o Calvin H. Babcock

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300 Greco Avenue

27 300 Greco Avenue

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33146-1811

25 USA

29 33146-1811

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPANIOLO, JAMES D
ONE BISCAYNE TOWER, STE 3800
MIAMI FL 3313181 Name
Calvin H. Babcock82 Street Address (P.O. Box Number is Not Acceptable)
300 Greco Avenue

83

84 City
Coral Gables

FL

85 Zip Code
33146-1811

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)

1-30-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPANIOLO, JAMES D	
STREET ADDRESS	ONE BISCAYNE TOWER #3800	
CITY - ST - ZIP	MIAMI FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Calvin H. Babcock	
1.3 STREET ADDRESS	300 Greco Avenue	
1.4 CITY - ST - ZIP	Coral Gables, FL 33146-1811	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	MEGHOO, CHARLOTTE M	
STREET ADDRESS	ONE BISCAYNE TOWER #3800	
CITY - ST - ZIP	MIAMI FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BABCOCK, CALVIN	
STREET ADDRESS	8880 NW 20TH ST. SUITE N	
CITY - ST - ZIP	MIAMI FL 33172	

3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barbara J. Gardner	
3.3 STREET ADDRESS	300 Greco Avenue	
3.4 CITY - ST - ZIP	Coral Gables, FL 33146-1811	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97

Date

305-448-9999

Daytime Phone # 0026556

CR2E037 (9/96)