

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 15 AM 11:43

DOCUMENT # N19385 (6)

1. Corporation Name
CHRISTIAN DEVELOPMENT CENTER, INC.

Principal Place of Business Mailing Address
1601 DUVAL STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2756832	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> FILING FEE IS \$61.25	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LEONARD, LARRY LAMAR
401 W. BAY STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLLARD, DESSIE B., JR.
STREET ADDRESS	8453 SAPPINGTON AVE.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	POLLARD, PAULA L.
STREET ADDRESS	8453 SAPPINGTON AVE.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	HATCH, TERRILYN G
STREET ADDRESS	2931 STONEMONT STR #5E
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	WHALEY, FRANK
STREET ADDRESS	6078A RED LION ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	PRESHA, GERALDINE P.
STREET ADDRESS	1052 E. 10TH STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	HARDWOOD, WILSON
STREET ADDRESS	1302 S MCDUFF AVE, 2
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D.
33 STREET ADDRESS	Beaton, Johnnie Mae
34 CITY - ST - ZIP	1514 Van Buren Street Jacksonville, FL 32206
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	D
43 STREET ADDRESS	Louis, Alvin
44 CITY - ST - ZIP	9434 Valarie Street Jacksonville, FL 32208
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(4), 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: *Geraldine P. Presha* **Geraldine P. Presha** **June 11, 1995** (904) 358-3459

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (3/85)