

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 # **N19385** (6)

1. Corporation Name

CHRISTIAN DEVELOPMENT CENTER, INC.



Principal Place of Business

Mailing Address

1601 DUVAL STREET
JACKSONVILLE FL 32202

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JACKSONVILLE FL 32202

3. Date Incorporated or Qualified **01/31/1987** 3a. Date of Last Report **06/15/1995**

21. Principal Place of Business **1841 Evergreen Avenue**

2a. Mailing Address **1841 Evergreen Ave**

4. FEI Number **59-2756832** Applied For Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State **JACKSONVILLE, FL**

28. City & State **JACKSONVILLE, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **32206** 25. Country **DUVAL**

29. Zip **32206** 30. Country **DUVAL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (Applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, DESSIE B., JR.	1.2 NAME	
STREET ADDRESS	9453 SAPPINGTON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, PAULA L.	2.2 NAME	
STREET ADDRESS	9453 SAPPINGTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, TERRILYN G	3.2 NAME	TD
STREET ADDRESS	2931 STONEMONT STR #5E	3.3 STREET ADDRESS	BEATON, JOHNNIE MAE
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	1514 VAN BUREN STREET
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEY, FRANK	4.2 NAME	TONY ANTHONY PRESHA
STREET ADDRESS	6076A RED LION ROAD	4.3 STREET ADDRESS	1052 EAST 10th STREET
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESHA, GERALDINE P.	5.2 NAME	
STREET ADDRESS	1052 E. 10TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDWOOD, WILSON	6.2 NAME	
STREET ADDRESS	1302 S MCDUFF AVE, 2	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 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 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: **DESSIE B. POLLARD, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

904-358-3342

Debbie Presha #

CR2E037 (12/95)