


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19385 (6)**  
1. Corporation Name  
**CHRISTIAN DEVELOPMENT CENTER, INC.**



Principal Place of Business <b>1841 EVERGREEN AVENUE JACKSONVILLE FL 32206 US</b>	Mailing Address <b>1841 EVERGREEN AVENUE JACKSONVILLE FL 32206-3919 US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
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3. Date Incorporated or Qualified <b>01/31/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2756832</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **Alisa P. Seymore**  
82 Street Address (P.O. Box Number is Not Applicable) **3432 Uphill Terrace**  
83 **Jacksonville, FL.**  
84 City **Jacksonville, FL** 85 Zip Code **32225**

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 Alisa P. Seymore Alisa P. Seymore 5/29/97  
Signature typed or printed name of registered agent and taken applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLARD, DESSIE B., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>9453 SAPPINGTON AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLARD, PAULA L.</b>	2.2 NAME	
STREET ADDRESS	<b>9453 SAPPINGTON AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEATON, JOHNNIE MAE</b>	3.2 NAME	
STREET ADDRESS	<b>1514 VAN BUREN STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESHA, TONY ANTHONY</b>	4.2 NAME	<b>MD Alisa P. Seymore</b>
STREET ADDRESS	<b>1052 EAST 10TH STREET</b>	4.3 STREET ADDRESS	<b>3432 Uphill Terrace</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	<b>Jacksonville, FL. 32225</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESHA, GERALDINE P.</b>	5.2 NAME	
STREET ADDRESS	<b>1052 E. 10TH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDWOOD, WILSON</b>	6.2 NAME	
STREET ADDRESS	<b>1302 S MCDUFF AVE, 2</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	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.

CR2E037 (9/96)