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FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31660 (6)

1. Corporation Name

CHOICE SINGLE FRIENDS IN FAITH, INC.

Principal Place of Business

Mailing Address

5016 STERLING MANOR DR
TAMPA FL 33647
US

5016 STERLING MANOR DR
TAMPA FL 33647-2005
US



3. Date Incorporated or Qualified 04/11/1989 3a. Date of Last Report 02/15/1996

2. Principal Place of Business 21 1100 TURNER ST #207 2a. Mailing Address 26 1100 TURNER ST

4. FEI Number 59-2958082 Applied For Not Applicable

22 Suite, Apt. #, etc. 207 27 Suite, Apt. #, etc. 207

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

23 City & State Clearwater FL 28 City & State Clearwater FL

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

24 Zip 34616 Country US 29 Zip 34616 Country US

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

MUHR, MICHAEL
821 SOUTH DALE MABRY
TAMPA FL 33609

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAFT, MATTHEW C.	
STREET ADDRESS	5110 CARROLLWOOD MEADOWS DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	LEBRON, ANNE MARIE	
STREET ADDRESS	10028 STRAFFORD OAK CT #722	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, LINDA	
STREET ADDRESS	5016 STERLING MANOR DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, J. PAUL	
STREET ADDRESS	4101 EUCLID AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERMANN, JAIME	
STREET ADDRESS	10028 STRAFFORD OAK CT #722	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GREG BARTON	
1.3 STREET ADDRESS	1100 TURNER ST #207	
1.4 CITY-ST-ZIP	Clearwater, FL 34616	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUGANNE GAY	
2.3 STREET ADDRESS	802 OAK GROVE DR. #260	
2.4 CITY-ST-ZIP	BRANDON, FL 33610	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATY SIMMONS	
3.3 STREET ADDRESS	400 PLOVER PIKE	
3.4 CITY-ST-ZIP	PALM HARBOR, FL 33683	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JULIE HAW	
4.3 STREET ADDRESS	2678 McMullen Beach Rd #822	
4.4 CITY-ST-ZIP	Clearwater, FL 34641	
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DARREN VERMONT	
5.3 STREET ADDRESS	11405 3rd St. N. #3	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33714	
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. 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: April 25, 97 813-578-44 Daytime Phone # 0049059

CR2E037 (9/96)