

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 # N32588 (8)

1. Corporation Name

CHRIST MISSIONARY EVANGELIST HOUSE OF PRAYER INC
WORLD CHRISTIANSHIP MINISTRIES

Principal Place of Business

1816 EVERGREEN AVE.
JACKSONVILLE FL 32206

Mailing Address

1135 E. 11TH ST.
APT. 2
JACKSONVILLE FL 32206



3. Date Incorporated or Qualified

05/26/1989

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINGLETON, JURANGER
1135 E. 11TH ST.
APT. 2
JACKSONVILLE FL 32206

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

Juranger Singleton

3/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SINGLETON, JURANGER
STREET ADDRESS 1131 E. 11TH ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME FULLER, CAROLYN S
STREET ADDRESS 342 E. 5TH ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME GRAY, TANGIE
STREET ADDRESS 1135 E 11TH ST., APT 3
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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 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:

Juranger Singleton 3/20/96 904-354-1849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Distinct Phone #

CR2E037 (12/95)