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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N36894 (6)

1. Corporation Name

THE CHURCH PLANTING CENTER, INC.



Principal Place of Business

Mailing Address

1852 CENTURY PLACE
SUITE 204
ATLANTA GA 30345

1852 CENTURY PLACE
SUITE 204
ATLANTA GA 30345-4305

3. Date Incorporated or Qualified
03/05/1990

3a. Date of Last Report
03/18/1996

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

PEREZ, LYNWOOD C
1015 MAITLAND CENTER COMMONS
MAITLAND FL 32751

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME COTEZ, COOPER
STREET ADDRESS 1852 CENTURY PLACE STE 205
CITY-ST-ZIP ATLANTA GA

1.1 TITLE PD
1.2 NAME J. Allen Thompson
1.3 STREET ADDRESS 1852 Century Place, Suite 204
1.4 CITY-ST-ZIP Atlanta, GA 30345

TITLE TD
NAME SINGLETON, ROBERT
STREET ADDRESS 109 FAWN CT BOX 823
CITY-ST-ZIP ALTO MN

2.1 TITLE D
2.2 NAME Cecil Brooks
2.3 STREET ADDRESS 1900 Century Blvd. #15
2.4 CITY-ST-ZIP Atlanta, GA 30345

TITLE SD
NAME GYGER, TERRY
STREET ADDRESS 34 BOWKER STREET
CITY-ST-ZIP BROOKLINE MA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CD
NAME NICHOLAS, DAVID
STREET ADDRESS 2898 TIMBERCREEK CR NW
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME SLAVIC, JOHN
STREET ADDRESS 2500 MILITARY TRAIL 225
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME KOOISTRA, PAUL
STREET ADDRESS 1852 CENTURY PLAVE STE 201
CITY-ST-ZIP ATLANTA GA

6.1 TITLE
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; 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: J. Allen Thompson

1/10/97

404-633-8701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0076436

CR2E037 (9/96)