

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

95 MAR -9 PM 1:11

DOCUMENT # N43203 (1)
1. Corporation Name
CHRISTIAN BAND OF BENEVOLENCE, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1991	3a. Date of Last Report 04/26/1994
4. FBI Number 59-3114801	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29
--	---

9. Name and Address of Current Registered Agent POLITE, ELLA SUE 916 MERCEDES AVENUE PANAMA CITY FL 32401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Ella Sue Polite Secretary 2/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOOD, R.L. 1005 NORTH COVE BLVD. PANAMA CITY FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKS, AUDIE 915 ELM AVENUE PANAMA CITY FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☒ Addition D Mozell Waddell 604 A East 8 St Panama City FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAWFORD, ZANNIE 802 EAST 8TH STREET PANAMA CITY FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☒ Change ☐ Addition D Edna M Jackson 1508 East Bay Avenue Bonifay FL 32425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POPE, JACOB 816 EAST 9TH COURT PANAMA CITY FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition 300001426613 -03/10/95--01068--006 *****68.75 *****68.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARE, EDWARD 510 EAST 13TH STREET PANAMA CITY FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☒ Change ☐ Addition D Nellie Scott 720 Hamilton Avenue Panama City, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNS, JAMES RTE1 BOX 170A CARYVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 110.07(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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Audie Brooks Audie Brooks 2/28/95 904 7854652
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)