FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



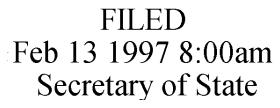
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N43203

CHRISTIAN BAND OF BENEVOLENCE, INCORPORATED



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Principal Place of Business Mailing Address						T I BEDITLOK OKT BITOO NATIO THEN BEHADO HILL OLDEN BIGHT BIBLI BIBLI BIBLI LEGI
916 MERCEDES AVENUE 916 MERCEDE PANAMA CITY FL 32401 PANAMA CITY						
						3. Date Incorporated or Qualified
	lace of Business	2a. Mailing Address				4. FEI Number Applied For 59-3114801 Not Applied be
21 Suite Ant # etc		[26]				Тчог друговые
Suite, Apt. #, etc.		27 Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State		City & State				
23	¬, '		on, a once			Election Campaign Financing Trust Fund Contribution Added to Fees
Zφ	Country	Zip	Cou	intry		This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
				61	Name	
POLITE, I	POLITE, ELLA SUE					Address (P.O. Box Number is Not Acceptable)
916 MER	916 MERCEDES AVENUE					,
Panama	CITY FL 32401		!	B3		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida S	tatutes, the al	bove	-named	d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change i	was authorized	d bv	the cord	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Signature Typed or printed name of registered age	and the state of t	Alore P. July			
12.	OFFICERS AN	***************************************	13.	o Age	it siBuaimie	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELET		TLE		☐ Change ☐ Addition
NAME	WOOD, R.L.		1.2 N/	AME		
STREET ADDRESS	1005 NORTH COVE BLVD.		1.3 \$1	REET.	ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CI	TY-\$1	- 21P	
TITLE	D	DELETI	2.1 Tr	TLE		☐ Change ☐ Addition
NAME	BROOKS, AUDIE		2.2 N/	AME		
STREET ADDRESS	915 ELM AVENUE		2.3 \$1	TAEET	ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL			łTY-S	T-ZIP	
TITLE	D	☐ DELET	3.1 70	TLE		☐ Change ☐ Addition
NAME	JACKSON, EDNA M.		3.2 N/	ME		***
STREET ADDRESS	1508 EAST BAY AVENUE		3.3 ST	REET	address	
CITY-ST-ZIP	BONIFAY FL 32425			ITY-S	T-ZIP	
TITLE	D	DELETE				Change Addition
NAME	POPE, JACOB		4.2 N			MATTIC GAMMON 922 East 10th CT
STREET ADDRESS	816 EAST 9TH COURT					922 ELSI 101KC
CITY-ST-ZIP	PANAMA CITY FL	☐ DELETE	4.4 CI		- ZIP	Panama City F1 32401
TITLE	D COTT NELLE					Change Addition
NAME	SCOTT, NELLIE		5.2 N/			
STREET ADDRESS	720 HAMILTON AVENUE				ADDRESS	
CITY-SI-ZIP	PANAMA CITY FL 32401	DELETE		1Y-51	- ZIP	☐ Change ☐ Addition
TITLE	D INDIAN INDIA	ריין טנונוו				Li Unange Li Addition
NAME etect apopere	JOHNS, JAMES RTE1 BOX 179A		62 NA		DDDDD	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	CARYVILLE FL		6.4 CI	IY-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.

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