

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 7:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44614** (8)
1. Corporation Name
THE CHRISTIAN NETWORK, INC.

Principal Place of Business Mailing Address
**14444 68TH ST. N.
CLEARWATER FL 34624** **14444 68TH ST. N.
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/09/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3086047** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

9. Name and Address of Current Registered Agent
**WEST, JAMES L
6668 RIVER RD.
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
S **MCDOWELL, GIL
14444 68TH ST. N.
CLEARWATER FL 34624**
C **WEST, JAMES L.
6668 RIVER ROAD
NEW PORT RICHEY FL**
D **STUECHER, DAN
3380 STATE ROAD 580
SAFETY HARBOR FL**
T **SHREFFLER, ROBERT
14444 68TH ST. N.
CLEARWATER FL 34624**
D **TAYLOR, ERIC J
P.O. BOX 756 N/A
LARGO FL 34649-0756**
D **WILLIAMS, PAUL
14444 68TH ST. N.
CLEARWATER FL 34624**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME **DP**
3.3 STREET ADDRESS **Stuecher, Dan**
3.4 CITY - ST - ZIP **3380 State Road 580
Safety Harbor, FL 34695**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Taylor, J. Eric, Jr.**
5.4 CITY - ST - ZIP **2025 Indian Rocks Rd.
Largo, FL 34644**
6.1 TITLE Change Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Williams, Paul**
6.4 CITY - ST - ZIP **8 Laurel Avenue
East Islip, NY 11730**

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

SIGNATURE: James L. West James L. West, Chairman 4/5/95 (813) 536-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NH 6/64

**ADDITIONAL OFFICERS AND DIRECTORS OF THE CHRISTIAN
NETWORK, INC.**

**D
Kelly, Don
5525 S. Mission Road #1207
Tucson, AZ 85746**

**D
Morgan, Charles O., Jr.
1300 Northwest 167th Street
Miami, FL 33169**