

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



Principal Place of Business: **14444 66TH ST., N. CLEARWATER FL 34624**  
Mailing Address: **14444 66TH ST., N. CLEARWATER FL 34624**

3. Date Incorporated or Qualified: **08/09/1991**  
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-3086047**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
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  
6688 RIVER RD.  
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MCDOWELL, GIL</b>	
STREET ADDRESS	<b>14444 66TH ST. N.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>WEST, JAMES L.</b>	
STREET ADDRESS	<b>6688 RIVER ROAD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>DR</b>	<input type="checkbox"/> DELETE
NAME	<b>STUECHER, DAN</b>	
STREET ADDRESS	<b>3380 STATE ROAD 580</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SHREFFLER, ROBERT</b>	
STREET ADDRESS	<b>14444 66TH ST. N.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34624</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, ERIC J</b>	
STREET ADDRESS	<b>2025 INDIAN ROCKS RD</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, PAUL</b>	
STREET ADDRESS	<b>8 LAUREL AVE</b>	
CITY-ST-ZIP	<b>EAST ISLIP NY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KELLY, DON</b>	
1.3 STREET ADDRESS	<b>2308 W. PASEO CIELO</b>	
1.4 CITY-ST-ZIP	<b>TUCSON, AZ 85741</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MORGAN, CHARLES O JR</b>	
2.3 STREET ADDRESS	<b>1300 NORTHWEST 167TH STREET</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33169</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Robert H. Shreffler Robert H. Shreffler 3/4/96 813-536-0036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)