

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34624-7204
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2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 08/09/1991		3a. Date of Last Report 04/10/1996	
21	22	26	27	4. FEI Number 59-3086047		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

WEST, JAMES L
6666 RIVER RD.
NEW PORT RICHEY FL 34652

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDOWELL, GIL	1.2 NAME	Rubeck, Dustin D.
STREET ADDRESS	14444 66TH ST. N.	1.3 STREET ADDRESS	14444 66th Street N
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	Clearwater, Florida 34624
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, JAMES L.	2.2 NAME	Rusaw, Rick
STREET ADDRESS	6666 RIVER ROAD	2.3 STREET ADDRESS	1035 Ute Highway
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	Longmont, Colorado 80501
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, DON	3.2 NAME	Morgan, Charles O Jr.
STREET ADDRESS	2308 W. PASEO CIELO	3.3 STREET ADDRESS	1300 Northwest 167th Street
CITY-ST-ZIP	TUCSON AZ	3.4 CITY-ST-ZIP	Miami, Florida 33169
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHREFFLER, ROBERT	4.2 NAME	Stuecher, Dan
STREET ADDRESS	14444 66TH ST. N.	4.3 STREET ADDRESS	3380 S.W. 580
CITY-ST-ZIP	CLEARWATER FL 34624	4.4 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ERIC J	5.2 NAME	
STREET ADDRESS	2025 INDIAN ROCKS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PAUL	6.2 NAME	
STREET ADDRESS	8 LAUREL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	EAST ISLIP NY	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.

Robert L. McDowell

CF2E037 (9/96)