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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 08/09/1991		
4. FEI Number 59-3086047	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30 33764

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEST, JAMES L
 6688 RIVER RD.
 NEW PORT RICHEY FL 34852**

10. Name and Address of New Registered Agent

81 Name ROBERT H. SHREFFLER	
82 Street Address (P.O. Box Number is Not Acceptable) 14444 66th Street North	
83 City Clearwater Fl 33764	
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: *Robert H. Shreffler* *Robert H. Shreffler* **4/14/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDOWELL, GIL	1.2 NAME	RUBECK, DUSTIN
STREET ADDRESS	14444 66TH ST. N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	1.4 CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, JAMES L.	2.2 NAME	STUECHER, DAN
STREET ADDRESS	6688 RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, DON	3.2 NAME	RUSAW, RICK
STREET ADDRESS	2308 W. PASEO CIELO	3.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHREFFLER, ROBERT	4.2 NAME	
STREET ADDRESS	14444 66TH ST. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	4.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Robert H. Shreffler* *Robert H. Shreffler* **4/14/98** **813-536-0036**

CR2E037 (10/97)