

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90079 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44614**

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 33764 US
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161304 1 3 8 4



21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 P O Box 383 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country	3. Date Incorporated or Qualified 08/09/1991	4. FEI Number 59-3086047	Applied For Not Applicable
23 City & State	28 City & State Safety Harbor, Florida	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip Country	29 Zip Country 34695-9875 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**SHREFFLER, ROBERT H.**  
 14444 66TH STREET NORTH  
 CLEARWATER FL 33764

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 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 \_\_\_\_\_ 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	P	<input type="checkbox"/> DELETE
NAME	RUBECK, DUSTIN	
STREET ADDRESS	14444 66TH ST. N.	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUECHER, DAN	
STREET ADDRESS	14444 66TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, DON	
STREET ADDRESS	2308 W. PASEO CIELO	
CITY-ST-ZIP	TUCSON AZ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHREFFLER, ROBERT	
STREET ADDRESS	14444 66TH ST. N.	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, ERIC J	
STREET ADDRESS	2025 INDIAN ROCKS RD	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PAUL	
STREET ADDRESS	8 LAUREL AVE	
CITY-ST-ZIP	EAST ISLIP NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Rick Rusaw	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	14444 66th St. N.	
1.3 STREET ADDRESS	Clearwater, Fl 33764	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Shreffler, Robert	
4.3 STREET ADDRESS	14444 66th St. N.	
4.4 CITY-ST-ZIP	Clearwater, FL 33764	
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 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, with all other like empowered.

SIGNATURE: Robert Shreffler DATE: 2/16/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)