

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 # **N46699** (7)
1. Corporation Name
CHRISTIAN'S MISSION (RESIDENTIAL) MINISTRY CORP.



Principal Place of Business Mailing Address
2316 UNION ST S **2316 UNION ST S**
ST PETERSBURG FL 33712 **ST PETERSBURG FL 33712**
US

3. Date Incorporated or Qualified **01/03/1992** 3a. Date of Last Report **05/01/1995**

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21 <i>Same as above</i> Suite, Apt. #, etc. 22 <i>N/A</i> City & State 23 <i>Same as above</i> Zip 24 <i>Pirollas</i> | 2a. Mailing Address 26 <i>Same as above</i> Suite, Apt. #, etc. 27 City & State 28 Zip 29 <i>Same as above</i> Country 30 <i>USA</i> | 4. FEI Number 65-0308434 Applied For Not Applicable 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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, FREDDY L.
2316 UNION STREET SOUTH
ST PETERSBURG FL 33712

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 **FRED MURPHY**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OSCAR ROBERSON *Oscar Roberson 4/2/96*

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------------|---------------------------------|--|-------------------------------------------------------|---------------------------------|-----------------------------------|-------------|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | ROBERSON, OSCAR | | | 1.2 NAME | | | |
| STREET ADDRESS | 2731 22ND AVE SO. | | | 1.3 STREET ADDRESS | | | <i>None</i> |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | BARTHE, RUTH | | | 2.2 NAME | | | <i>None</i> |
| STREET ADDRESS | SR 515-4TH ST. SO. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MURPHY, KIM | | | 3.2 NAME | | | <i>None</i> |
| STREET ADDRESS | 2036 ECHO LAKE DR. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MURPHY, FREDDY L. | | | 4.2 NAME | | | <i>None</i> |
| STREET ADDRESS | 2316 UNION ST. SOUTH | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: **Fred Murphy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR ROBERSON *Oscar Roberson 4/2/96*
Date Daytime Phone #

CR2E037 (12/95)