


FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <i>Carla B. Mortham</i> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46699 (7) 1. Corporation Name CHRISTIAN'S MISSION (RESIDENTIAL) MINISTRY CORP.			
Principal Place of Business 2316 UNION ST S ST PETERSBURG FL 33712 US		Mailing Address 2316 UNION ST S ST PETERSBURG FL 33712-3553	
Relocating on or near			
2. Principal Place of Business 21 1915 15 Ave South Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 10495 Suite, Apt. #, etc.	
22 City & State St Petersburg, FL		27 City & State St Petersburg, FL	
23 Zip 33712		29 Zip 33733	
24 Country Pinnas		30 Country Pinnas	
9. Name and Address of Current Registered Agent MURPHY, FREDDY L. 2316 UNION STREET SOUTH ST PETERSBURG FL 33712			
10. Name and Address of New Registered Agent 81 Name 15th Avenue Church of Faith Inc 82 Street Address (P.O. Box Number is Not Acceptable) 1915 15th Avenue South 83 St Petersburg, FL 84 City FL 85 Zip Code 33712			
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. 3-30-97 SIGNATURE OSCAR ROBERSON <i>Oscar Roberson</i> Fred Murphy <i>Fred Murphy</i> 3-30-97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ROBERSON, OSCAR		
STREET ADDRESS	2731 22ND AVE SO.		
CITY-ST-ZIP	ST. PETERSBURG FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	BARTHE, RUTH		
STREET ADDRESS	SR 515-4TH ST. SO.		
CITY-ST-ZIP	ST. PETERSBURG FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	MURPHY, KIM		
STREET ADDRESS	2036 ECHO LAKE DR.		
CITY-ST-ZIP	WEST PALM BEACH FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	MURPHY, FREDDY L.		
STREET ADDRESS	2316 UNION ST. SOUTH		
CITY-ST-ZIP	ST. PETERSBURG FL		
TITLE	Katherine Lamb	<input type="checkbox"/> DELETE	
NAME	946 Queen St South		
STREET ADDRESS	St Petersburg, FL 33712		
CITY-ST-ZIP	St Petersburg FL 33712		
TITLE	Tommy Anderson	<input type="checkbox"/> DELETE	
NAME	2316 Union St So		
STREET ADDRESS	St Petersburg FL 33712		
CITY-ST-ZIP	St Petersburg FL 33712		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME	Assistant Director		
1.3 STREET ADDRESS	Oscar Roberson		
1.4 CITY-ST-ZIP	Same		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	Officer		
2.3 STREET ADDRESS	Ruth Barthe		
2.4 CITY-ST-ZIP	226 6th St S Ph 825-5442 33701		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	Officer		
3.3 STREET ADDRESS	Kim Murphy - Paulk		
3.4 CITY-ST-ZIP	Same		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME	Director		
4.3 STREET ADDRESS	Freddy L. Murphy		
4.4 CITY-ST-ZIP	Same		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	Katherine Lamb		
5.3 STREET ADDRESS	Officer		
5.4 CITY-ST-ZIP	Same		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME	Officer		
6.3 STREET ADDRESS	Tommy Anderson		
6.4 CITY-ST-ZIP	Same		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Freddy L. Murphy <i>Freddy L. Murphy</i> 3-30-97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0060916</small>			



CR2E037 (9/96)