


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N46751 (6)</b> 1. Corporation Name <b>CITIZENS FOR POSITIVE AFFIRMATION, INC.</b>					
Principal Place of Business <b>410 BROAD ST. STE. 200 JACKSONVILLE FL 32202 US</b>			Mailing Address <b>410 BROAD ST. STE. 200 JACKSONVILLE FL 32202 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/09/1992</b> 4. FEI Number <b>59-3119580</b> 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ESTELL, REGINALD JR. 1807 KEY BISCAIWAY WAY JACKSONVILLE FL 32218</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 _____ <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	PD	<input type="checkbox"/> DELETE			
NAME	REDDICK, JOSEPH A REV				
STREET ADDRESS	1943 COLLEGE CIRCLE NORTH				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	ROBINSON, REV. S S.				
STREET ADDRESS	1717 SEMINARY ST.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	PETERSON, FLORA F				
STREET ADDRESS	8130 VILLAGE GATE CT.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	SIMMONS, HENRY				
STREET ADDRESS	1188 W. 29TH ST.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LOWE, RE. R				
STREET ADDRESS	2174 W. 30TH ST.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BROWN, ANNIE V				
STREET ADDRESS	3893 MONCREIF ROAD W				
CITY-ST-ZIP	JACKSONVILLE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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.

SIGNATURE: *Rev. G. Joseph Reddick* **JOSEPH REDDICK** 4/29/98 (904) 353-0709

CR2E037 (10/97)