FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:22

DOCUMENT # N51287 (3)

1. Corporation Name
NETWORK OF CHRISTIAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
1300 S. OLIVE AVE. W PALM BEACH FL 33401	1300 S. OLIVE AVE. W PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0354886 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WELLS, MARJORIE R.
4849 SABLE PINE CIR.
C-1
W PALM BEACH FL 33417

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WELLS, JACK D.	1.2 NAME	GRELECKI, RICHARD	
STREET ADDRESS	1300 S. OLIVE AVE.	1.3 STREET ADDRESS	2109 Blue Iris Place	
CITY-ST-ZIP	W PALM BEACH FL 33401	1.4 CITY-ST-ZIP	Longwood FL 33779	
TITLE	D	2.1 TITLE	D & Treasurer	☐ Change ☒ Addition
NAME	STEPP, WILLIAM R.	2.2 NAME	ROSELLI, DAN	
STREET ADDRESS	200 ELLAMAR RD.	2.3 STREET ADDRESS	12730 Timber Pine Trail	
CITY-ST-ZIP	W PALM BEACH FL 33414	2.4 CITY-ST-ZIP	Wellington FL 33414	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BURKE, BETTY	3.2 NAME	NUCKLES, SARAH	
STREET ADDRESS	5479 3RD RD	3.3 STREET ADDRESS	524 Claremore Drive	
CITY-ST-ZIP	LAKE WORTH FL 33467	3.4 CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE	D	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	ENOCHS, LARRY	4.2 NAME	INGRAM, SCOTTY	
STREET ADDRESS	1189 SUNSET RD	4.3 STREET ADDRESS	140 Lake Nancy Lane, #112	
CITY-ST-ZIP	W PALM BCH FL 33406	4.4 CITY-ST-ZIP	West Palm Beach FL 33411	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FRAZIER, DAVID	5.2 NAME		
STREET ADDRESS	2343 FLORIDA-MANGO RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33406	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HITCHCOCK, E. CAMERON	6.2 NAME		
STREET ADDRESS	164 ALCAZAR ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	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)(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: Betty Joanne Jorgensen Corporate Secretary 2-1-95 (407) 832-3576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0047700