

**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 # N51287 (3)**  
1. Corporation Name  
**NETWORK OF CHRISTIAN MINISTRIES, INC.**



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

3. Date Incorporated or Qualified: **10/14/1992**  
3a. Date of Last Report: **02/20/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	27	33402-1496	65-0354886	Not Applicable
22	City & State	27	W. PALM BEACH FL	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	33402-1496	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	PALM BEACH	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	
WELLS, MARJORIE R. 4849 SABLE PINE CIR. C-1 W PALM BEACH FL 33417		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_  
(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
NAME	WELLS, JACK D.	1.2 NAME	Larry LeNeve
STREET ADDRESS	1300 S. OLIVE AVE.	1.3 STREET ADDRESS	9837 Daphney Ave.
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	D	2.1 TITLE	D
NAME	STEPP, WILLIAM R.	2.2 NAME	Jorge Baro
STREET ADDRESS	200 ELLAMAR RD.	2.3 STREET ADDRESS	13985 Morning Glory Drive
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	Wellington FL 33414
TITLE	D	3.1 TITLE	D
NAME	BURKE, BETTY	3.2 NAME	Jeff Beebe
STREET ADDRESS	5479 3RD RD	3.3 STREET ADDRESS	3051 Village Blvd., Apt. 102
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	W. Palm BEach FL 33409
TITLE	S	4.1 TITLE	
NAME	INGRAM, SCOTTY	4.2 NAME	
STREET ADDRESS	140 LAKE NANCY LANE, #112	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	FRAZIER, DAVID	5.2 NAME	
STREET ADDRESS	2343 FLORIDA-MANGO RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HITCHCOCK, E. C.	6.2 NAME	
STREET ADDRESS	164 ALCAZAR ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	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: Jack D. Wells JACKD.WELLS 4/29/96 (407) 832-3576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)