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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

**P.O. BOX 1496
W PALM BEACH FL 33402-1496
US**



3. Date Incorporated or Qualified **10/14/1992** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LARRY LENEVE	
STREET ADDRESS	9837 DAPHANEY AVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JORGE BARO	
STREET ADDRESS	13985 MORNING GLORY DR	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFF BEEBE	
STREET ADDRESS	3051 VILLAGE BLVD APT 102	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jack D. Wells	
1.3 STREET ADDRESS	1300 S. Olive Avenue	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
2.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Larry LeNeve	
2.3 STREET ADDRESS	9837 Daphney Avenue	
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeff Beebe	
3.3 STREET ADDRESS	3051 Village Blvd., Apt. 102	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tom Cushing	
4.3 STREET ADDRESS	214 List Road	
4.4 CITY-ST-ZIP	Palm Beach, FL 33480	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carlton Gant	
5.3 STREET ADDRESS	500 Congress Ave., Bldg. 154	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
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 do 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:

Jack D. Wells **Jack D. Wells**

2/25/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038843

CR2E037 (9/96)