


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N93000000251 (9)
 1. Corporation Name
FLORIDA CHRISTIAN MINISTERS ASSOCIATION, INC.

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| Principal Place of Business 1011 BILL BECK BLVD KISSIMMEE FL 34744 | Mailing Address 1011 BILL BECK BLVD KISSIMMEE FL 34744-4402 |
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|--------------------------------|-------------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/14/1993 | 3a. Date of Last Report 05/01/1996 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | 29. Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|---|--|--|--|
| 9. Name and Address of Current Registered Agent LOWEN, A W FLORIDA CHRISTIAN COLLEGE 1011 BILL BECK BLVD KISSIMMEE FL 34744 | | 10. Name and Address of New Registered Agent | |
| 81. Name | | 85. Zip Code | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83. | | | |
| 84. City | | FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RANSOM, JIM | 1.2 NAME | DAVID PARDUE |
| STREET ADDRESS | 124 MARCIA DR. | 1.3 STREET ADDRESS | 14395 CENTRALIA ROAD |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 1.4 CITY-ST-ZIP | BROOKSVILLE, FL 34614 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | DV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RANDOLPH, GEORGE | 2.2 NAME | BOB MILLER |
| STREET ADDRESS | 3822 EDWARDS RD. | 2.3 STREET ADDRESS | 711 SPRINGER DRIVE |
| CITY-ST-ZIP | FT. PIERCE FL | 2.4 CITY-ST-ZIP | LAKE WALES, FL 33853 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOWEN, A W | 3.2 NAME | MIKE OSBORN |
| STREET ADDRESS | 1011 BILL BECK BLVD. | 3.3 STREET ADDRESS | 499 WINDING WILLOW DRIVE |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | 3.4 CITY-ST-ZIP | PALM HARBOR, FL 34683 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RENNER, DON | 4.2 NAME | |
| STREET ADDRESS | 224 RANIER COVE #110 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Don Renner*

CR2E037 (9/96)