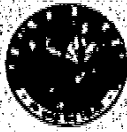


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001654 (3)

1. Corporation Name

**COME TO JESUS CHRISTIAN STORE, MAIL AND SERVICE
CENTER, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2301 NW 155TH ST. OPA LOCKA FL 33054	Mailing Address 2301 NW 155TH ST. OPA LOCKA FL 33054
--	--

3. Date Incorporated or Qualified 04/12/1993	3a. Date of Last Report 05/01/1994
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4. FEI Number 65-0371911	Applied For Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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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

**HORTON, MELVIN D
2301 NW 155TH ST.
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

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 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 re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	BLANFORD, JUANITA
STREET ADDRESS	2301 NW 155TH ST.
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	DS
NAME	BLANFORD, MICHAEL
STREET ADDRESS	2301 NW 155TH ST.
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	D
NAME	HECTOR, MINERVA
STREET ADDRESS	1231 WILMINGTON ST.
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	D
NAME	BLANFORD, ANTHONY
STREET ADDRESS	2301 NW 155TH ST.
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	D
NAME	COCKFIELD, NATHAN
STREET ADDRESS	2301 NW 155TH ST.
CITY-ST-ZIP	OPA LOCKA FL 33054
TITLE	D
NAME	BLANFORD, LOUISE
STREET ADDRESS	2301 NW 155TH ST.
CITY-ST-ZIP	OPA LOCKA FL 33054

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Juanita Blanford* **Juanita Blanford 4/25/95 (305) 685-7744**