

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 # N93000001654 (3)

1. Corporation Name

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

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

05/01/1995

4. FEI Number

65-0371911

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

☐ DELETE

NAME

BLANFORD, JUANITA

STREET ADDRESS

2301 NW 155TH ST.

CITY - ST - ZIP

OPA LOCKA FL 33054

TITLE

DS

☐ DELETE

NAME

BLANFORD, MICHAEL

STREET ADDRESS

2301 NW 155TH ST.

CITY - ST - ZIP

OPA LOCKA FL 33054

TITLE

D

☐ DELETE

NAME

HECTOR, MINERVA

STREET ADDRESS

1231 WILMINGTON ST.

CITY - ST - ZIP

OPA LOCKA FL 33054

TITLE

D

☐ DELETE

NAME

BLANFORD, ANTHONY

STREET ADDRESS

2301 NW 155TH ST.

CITY - ST - ZIP

OPA LOCKA FL 33054

TITLE

D

☐ DELETE

NAME

COCKFIELD, NATHAN

STREET ADDRESS

2301 NW 155TH ST.

CITY - ST - ZIP

OPA LOCKA FL 33054

TITLE

D

☐ DELETE

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

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA BLANFORD

4/15/96

(305)

685-7744

Date:

Daytime Phone #

CR2E037 (12/95)