

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001654 (3)**  
 1. Corporation Name  
**COME TO JESUS CHRISTIAN STORE, MAIL AND SERVICE CENTER, INC.**



Principal Place of Business	Mailing Address
2301 NW 155TH ST. OPA LOCKA FL 33054	2301 NW 155TH ST. OPA LOCKA FL 33054-2750

3. Date Incorporated or Qualified <b>04/12/1993</b>	3a. Date of Last Report <b>05/21/1996</b>
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21. Principal Place of Business	22a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number <b>65-0371911</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLANFORD, JUANITA	
STREET ADDRESS	2301 NW 155TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BLANFORD, MICHAEL	
STREET ADDRESS	2301 NW 155TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HECTOR, MINERVA	
STREET ADDRESS	1231 WILMINGTON ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANFORD, ANTHONY	
STREET ADDRESS	2301 NW 155TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COCKFIELD, NATHAN	
STREET ADDRESS	2301 NW 155TH ST.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> 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	<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 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 

4/15/97 (305) 685-7744

CR2E037 (9/96)