

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2301 NW 155TH ST. OPA LOCKA FL 33054	Mailing Address 2301 NW 155TH ST. OPA LOCKA FL 33054
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3. Date Incorporated or Qualified 04/12/1993	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0371911		
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
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
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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANFORD, JUANITA	1.2 NAME	
STREET ADDRESS	2301 NW 155TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANFORD, MICHAEL	2.2 NAME	
STREET ADDRESS	2301 NW 155TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECTOR, MINERVA	3.2 NAME	
STREET ADDRESS	1231 WILMINGTON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANFORD, ANTHONY	4.2 NAME	
STREET ADDRESS	2301 NW 155TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKFIELD, NATHAN	5.2 NAME	
STREET ADDRESS	2301 NW 155TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANFORD, LOUISE	6.2 NAME	
STREET ADDRESS	2301 NW 155TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	6.4 CITY-ST-ZIP	

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14. I 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: *[Handwritten Signature]* **5/19/98** **(305) 685-7744**

CR2E037 (10/97)