

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90021 026 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000001654**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/12/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0371911	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		25		29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HORTON, MELVIN D 2301 NW 155TH ST. OPA LOCKA FL 33054				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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	<input type="checkbox"/> DELETE		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			

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/25/99** **305-685-7744**  
Date Daytime Phone #

CR2E037 (1/98)