

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 # N93000004202 (8)

1. Corporation Name

CHRIST CHURCH PRAYER MINISTRY, INC.



Principal Place of Business

Mailing Address

**4789 LENOX AVENUE
JACKSONVILLE FL 32205**

**4639 ABERDARE AVE., NORTH
JACKSONVILLE FL 32208-1101**

3. Date Incorporated or Qualified **09/22/1992** 3a. Date of Last Report **08/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 4789 LENOX AVENUE		59-3178014		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27 N/A		<input checked="" type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		28 JACKSONVILLE, FL.		<input type="checkbox"/> Trust Fund Contribution			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29 32205	30 DUVAL				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, RODERICK
4639 ABERDARE AVE., NORTH
JACKSONVILLE FL 32208-1101**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RODERICK	1.2 NAME	
STREET ADDRESS	4639 ABERDARE AVE., NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HARRIET E	2.2 NAME	MARY L. ANDERSON
STREET ADDRESS	3108 COLLEGE STREET	2.3 STREET ADDRESS	1205 W. 17 St.
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	JACKSONVILLE FLA. 32209
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FREDDIE	3.2 NAME	
STREET ADDRESS	5821 SAN JUAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200001850522
STREET ADDRESS		5.3 STREET ADDRESS	-06/04/96--01133--029
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***70.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)