

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 # N93000005164 (9)

1. Corporation Name

CHRISTIAN FINANCIAL GUIDANCE CENTER, INC.



Principal Place of Business: 3617 WEBBER ST SARASOTA FL 34232 US
Mailing Address: 3572 LAKE BAYSHORE DRIVE BRADENTON FL 34205

3. Date Incorporated or Qualified: 11/10/1993
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 25 Country
2a. Mailing Address: 26 3864 Gocio Rd.
27 Suite, Apt. #, etc.
28 City & State: Sarasota, FL
29 Zip: 34235 30 Country

4. FEI Number: 65-0460151 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

9. Name and Address of Current Registered Agent: DUCKWORTH, JOHN 3572 LAKE BAYSHORE DRIVE BRADENTON FL 34205

10. Name and Address of New Registered Agent: 81 Name: R.W. Horneman 82 Street Address (P.O. Box Number is Not Acceptable): 3864 Gocio Rd. 83 City: Sarasota FL 84 Zip Code: 34235 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: *R.W. Horneman*, chairman, 4/1/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input checked="" type="checkbox"/>
NAME	DUCKWORTH, JOHN	
STREET ADDRESS	3572 LAKE BAYSHORE DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	MULLEN, DAVID	
STREET ADDRESS	6033 W 34 ST #97	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	HERSHBERGER, DAVID	
STREET ADDRESS	4981 FLAME LN	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/>
NAME	CAMPA, LARRY	
STREET ADDRESS	5249 CEDAR HAMMOCK CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	CD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Horneman, R.W.		
1.3 STREET ADDRESS	3864 Gocio Rd		
1.4 CITY-ST-ZIP	Sarasota, FL. 34235		
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Maltby, Jim		
2.3 STREET ADDRESS	3283 Toberson Ln.		
2.4 CITY-ST-ZIP	Sarasota, FL. 34235		
3.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Misiewicz, Ted		
3.3 STREET ADDRESS	1100 Debrecon Rd.		
3.4 CITY-ST-ZIP	Sarasota, FL. 34240		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *R.W. Horneman* R.W. Horneman 4/1/96 (941) 923-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E087 (12/95)