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Jul 01 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 # **N93000005539 (2)**

1. Corporation Name

**CHRISTIAN POLICE MINISTRIES, INC.**



Principal Place of Business <b>6051 N. TAMiami TRAIL STE. 32 SARASOTA FL 34243 US</b>	Mailing Address <b>P.O. BOX 13213 P.O. BOX 10130 BRADENTON FL 34282-0130 US</b>	3. Date Incorporated or Qualified <b>12/13/1993</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business <b>21 6221 14TH ST WEST</b> Suite, Apt. #, etc. <b>22 208</b> City & State <b>23 BRADENTON, FLORIDA</b> Zip <b>24 34207</b>	2a. Mailing Address <b>26 PO BOX 10130</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 BRADENTON, FLORIDA</b> Zip <b>29 34282-0130</b>	4. FEI Number <b>59-3212620</b>	Applied For <input type="checkbox"/> Not Applicable
Country <b>25 US</b>	Country <b>30 US</b>	5. Certificate of Status Desired <input checked="" 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 <b>SENN, ESTEL E 7425 BROUGHTON STREET SARASOTA FL 34243</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SENN, ESTEL E</b>		1.2 NAME	
STREET ADDRESS <b>7425 BROUGHTON STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SENN, ETHA A</b>		2.2 NAME	
STREET ADDRESS <b>7425 BROUGHTON STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SENN, ALMA J</b>		3.2 NAME	
STREET ADDRESS <b>7425 BROUGHTON STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL</b>		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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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.

CR2E037 (9/96)