FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

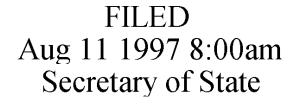
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9400001926 (4)

ST. CHRISTOPHER'S CHURCH INC.





			_							(18 JUNUA 81) II (28 M	
Principal Place of Business Mailing Address						,	E TROUTING OLD HOLLI DENLE DONLE DONLE DONLE DONNE DONNE LANGE FOUND ISSUED ONLY IN				
6211 MEMORIAL TAMPA FL 3361.		6211 MEMORIAL HIGHWAY TAMPA FL 33615-4535									
							3. Date incorporated or Qualified 04/15/1994	3a. Da	te of Las 06/03/1	t Report 1 996]
	lace of Business	2a. Mailing Address					4. FEI Number			Applied For	1
21		26					59-1057191		ot	Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required	
City & State	9	City & State					6. Election Campaign Financing			00 May Be	1
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country					8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	<u> </u>				Florida Statutes Yes No				
	9. Name and Address of Current					10. Name and Address of New Registered Agent					┨
				81	Name						
	1, EUGENE ENROC CIRCLE WEST	İ			Street	t Address (P.O. Box Number is Not Acceptable)					
	-L 33634-7420										1
				84	City			FL	85 Z	ip Code	1
11 Purcuent	to the provisions of Sections 617 0502	and 617 1508. Florida Statut	es the e	hov#	e-named	Learpor	ation submits this statement for the o	urpose of	changin	in its registered	1
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 re-natisting) DATE											
12.	OFFICERS AND				o.g. latore		ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12	Ì
TITLE	RD	▼ DELETE	1.1 TITLE			RD			Chang	ge Addition	8
NAME	STULL, ROBERT J JR		1.2 NAME			BEI	IDER, W. DEXTER				
STREET ADDRESS	4915 WEBB ROAD		1.3 S		ADDRESS	491	5 webb road				En27
CITY-ST-ZIP	TAMPA FL 33615		1.4 0	ITY-S	T-ZIP	TAMPA, FL 33615		<u>. i</u>			٤
TITLE	SWD DELETE		2.1 TI	TLE		SWD			Chang	ge 🗌 Addition	
NAME	DEL CHARCO, MICHAEL		2.2 N			Cry	BURN, H. LARRY 26 STILLBROOK AVE				
STREET ADDRESS	11503 LAKE RIDGE ROAD				ADDRESS			,			
CITY-ST-ZIP	TAMPA FL 33618	NZ priese			ST-ZIP		MPA, FL 33615		RA Oban	an I takilian	-
TITLE	SCD	X DELETE	3.1 1/1			SCD			Chang	ge	\
NAME	LEEDS, SUSAN	11. AP	3.2 N			KIR	KMAN, SUZANNE NJ. PELICAN ISLAND	DΡ			
STREET ADDRESS	1605 MAGDALENE MANOR DR	IVE			ADDRESS		•	WK1			
CITY-ST-ZIP	TAMPA FL 33613		3.4. C		ST-ZIP	741	MPA, FL 33634		Chang	ge Addition	-
TITLE	TD	☐ DECEME	4.1 11 4.2 h				•		CT CHOICE	Je	ļ
NAME OTOGET ADDRESS	LOPEZ, VICTOR 504 COLUMBIA DRIVE		1		ADDDECC						
STREET ADDRESS	TAMPA FL 33606				ADDRESS		•				
TITLE	IMMPA FL 33000	DELETE	4.4 CITY- 5.1 TITLE		ol-ZIP	+			Chang	ge Addition	┨
NAME			5.1 THEE							,	
STREET ADDRESS					ADDRESS	1					
CITY-ST-ZIP					T-ZIP						1
TITLE	DELETE		611			 			Chang	ge Addition	1
NAME		_	6.2 N								
STREET ADDRESS					ADDRESS	}					1
CITY-ST-ZIP					IT-ZIP	<u>L</u> _					
				_							-1

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 of 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.