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Aug 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001926 (4)

1. Corporation Name

ST. CHRISTOPHER'S CHURCH INC.



Principal Place of Business

Mailing Address

6211 MEMORIAL HIGHWAY
TAMPA FL 33615

6211 MEMORIAL HIGHWAY
TAMPA FL 33615-4535

3. Date incorporated or Qualified
04/15/1994

3a. Date of Last Report
06/03/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-1057191

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

10. Name and Address of New Registered Agent

LEFLOCH, EUGENE
3906 EDENROC CIRCLE WEST
TAMPA FL 33634-7420

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 RD
NAME STULL, ROBERT J JR
STREET ADDRESS 4915 WEBB ROAD
CITY-ST-ZIP TAMPA FL 33615

1.1 TITLE RD
1.2 NAME BENDER, W. DEXTER
1.3 STREET ADDRESS 4915 WEBB ROAD
1.4 CITY-ST-ZIP TAMPA, FL 33615

TITLE SWD
NAME DEL CHARCO, MICHAEL
STREET ADDRESS 11503 LAKE RIDGE ROAD
CITY-ST-ZIP TAMPA FL 33618

2.1 TITLE SWD
2.2 NAME CLYBURN, H. LARRY
2.3 STREET ADDRESS 8426 STILLBROOK AVE.
2.4 CITY-ST-ZIP TAMPA, FL 33615

TITLE SCD
NAME LEEDS, SUSAN
STREET ADDRESS 1605 MAGDALENE MANOR DRIVE
CITY-ST-ZIP TAMPA FL 33613

3.1 TITLE SCD
3.2 NAME KIRKMAN, SUZANNE
3.3 STREET ADDRESS 7021 PELICAN ISLAND DR.
3.4 CITY-ST-ZIP TAMPA, FL 33634

TITLE TD
NAME LOPEZ, VICTOR
STREET ADDRESS 504 COLUMBIA DRIVE
CITY-ST-ZIP TAMPA FL 33608

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

CR2E037 (9/96)