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FILED

May 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003194 (7)

1. Corporation Name

CHRISTIAN APOSTOLIC MINISTRIES, INC.



Principal Place of Business

Mailing Address

9400 67TH STREET NORTH  
PINELLAS PARK FL 34686115 FOREST GROVE BLVD  
PALM HARBOR FL 34683-5502  
US3. Date Incorporated or Qualified  
06/28/19943a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BRUCE A  
115 FOREST GROVE BLVD.  
#408  
PALM HARBOR FL 34683

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	CTR	<input type="checkbox"/> DELETE
NAME	SMITH, BRUCE A	
STREET ADDRESS	115 FOREST GROVE BLVD	
CITY-ST-ZIP	PALM HARBOR FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	DAVID-SMITH, DEBORAH	
STREET ADDRESS	115 FOREST GROVE BLVD	
CITY-ST-ZIP	PALM HARBOR FL	

2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, DEBORAH DAVID	
2.3 STREET ADDRESS	115 FOREST GROVE BLVD.	
2.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683	

TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ALPHA L	
STREET ADDRESS	36431 BONNEY DR	
CITY-ST-ZIP	ZEPHYR HILLS FL	

3.1 TITLE	VC/TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVIS, MICHAEL W.	
3.3 STREET ADDRESS	10229 57th WAY N.	
3.4 CITY-ST-ZIP	PINELLAS PARK, FL. 33782	

TITLE	VCTR	<input checked="" type="checkbox"/> DELETE
NAME	DIX, CHARLES	
STREET ADDRESS	12427 104TH ST, N	
CITY-ST-ZIP	LARGO FL	

4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROSE, JEAN S.	
4.3 STREET ADDRESS	66273 CAMBRIDGE RD.	
4.4 CITY-ST-ZIP	PINELLAS PARK, FL. 33782	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRADDAM, DONNIE R.	
5.3 STREET ADDRESS	3745 APT. A 66th AVE. N.	
5.4 CITY-ST-ZIP	PINELLAS PARK, 33781	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Bruce A. Smith* *BRUCE A. Smith* 4/14/97 813-786-8325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088883

CR2E037 (9/96)