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Jan 28 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 # N94000003326 (5)

1. Corporation Name

CHRISTIAN COALITION FOUNDATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 560219
ORLANDO FL 32856

P.O. BOX 560219
ORLANDO FL 32856-0219



3. Date Incorporated or Qualified
07/06/1994

3a. Date of Last Report
06/13/1996

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

24

25

29

30

4. FEI Number
59-3254488

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

DOWLESS, JOHN
5448 HOFFNER AVE.
SUITE 104
ORLANDO FL 32812

5458 Hoffner Ave
Ste. 301

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 T DELETE

NAME DOWLESS, JOHN
STREET ADDRESS 3111 CLEMWOOD ST.
CITY-ST-ZIP ORLANDO FL 32803

TITLE T DELETE

NAME KARRER, MAX C
STREET ADDRESS 3550 UNIVERSITY BLVD. S., STE. 301
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE T DELETE

NAME STAVEL, MATHEW D
STREET ADDRESS 1900 SUMMIT TOWER BLVD., STE. 540
CITY-ST-ZIP ORLANDO FL 32810

TITLE T DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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:

John Dowless
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/97 (407) 658-7557
Daytime Phone # 0018035

CR2E037 (9/96)