


FILE NOW: FILING FEE IS \$61.25

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Jun 03 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 # N94000005900 (5) 1. Corporation Name ARMOUR OF GOD CHRISTIAN CENTER CHURCH, INC.		

Principal Place of Business 3535 SPRING PARK RD. JACKSONVILLE FL 32207	Mailing Address 3535 SPRING PARK RD. JACKSONVILLE FL 32207-5731
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/30/1994		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3210108		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		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 BRIGGS, PASTOR A.V. 3535 SPRING PARK RD. JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRIGGS, A.V.			1.2 NAME			
STREET ADDRESS	3535 SPRING PARK RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSSELL, DEB			2.2 NAME			
STREET ADDRESS	3535 SPRING PARK RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLESS, BERT			3.2 NAME			
STREET ADDRESS	3535 SPRING PARK RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCLENDON, BRENDA			4.2 NAME			
STREET ADDRESS	3535 SPRING PARK RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PLESS, KIM			5.2 NAME			
STREET ADDRESS	3535 Spring Park Road			5.3 STREET ADDRESS			
CITY-ST-ZIP	Jacksonville, FL 32207			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ACREE, WAYNE			6.2 NAME			
STREET ADDRESS	3535 Spring Park Road			6.3 STREET ADDRESS			
CITY-ST-ZIP	Jacksonville, FL 32207			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 _____ DATE _____

CR2E037 (9/96)