FILE NOW: FILING FEE IS $61.25

FILED
Jun 10 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 # N95000005681 (0)

1. Corporation Name
CHURCH FOUNDATIONAL NETWORK, INC.

Principal Place of Business	Mailing Address
4900 FOREST CREEK DRIVE PACE FL 32571	4900 FOREST CREEK DRIVE PACE FL 32571-8961

3. Date Incorporated or Qualified: **12/04/1995**
3a. Date of Last Report: **03/15/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3345542** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMURALL, KENNETH I
4900 FOREST CREEK DRIVE
PACE FL 32571

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SUMRALL, KEN		1.2 NAME	
STREET ADDRESS	4900 FOREST CREEK DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LIMBAUGH, MARC		2.2 NAME	
STREET ADDRESS	555 NEWNAN ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	CARROLLTON GA 30117		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOINER, L A		3.2 NAME	700002211857 -06/13/97--01088--025 ***61.25
STREET ADDRESS	1620 SEMINOLE SPRINGS		3.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA 31501		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIS, JACK		4.2 NAME	
STREET ADDRESS	POST OFFICE BOX 450 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAVICE, DAVID		5.2 NAME	
STREET ADDRESS	5978 OLD BETHEL ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	SAME ☒ Change ☐ Addition
NAME	BARRON, BUDDY		6.2 NAME	SAME
STREET ADDRESS	POST OFFICE BOX 1637		6.3 STREET ADDRESS	6520 SHADY VALLEY DRIVE
CITY-ST-ZIP	GAINESVILLE FL 30503		6.4 CITY-ST-ZIP	FLOWERY BRANCH, GA 30542-5062

6-10-97

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)