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May 12 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 # **N96000000237 (5)**

1. Corporation Name

ANGEL CHRISTIAN TELEVISION TRUST, INC.

Principal Place of Business	Mailing Address
405 DOUGLAS AVENUE SUITE 1855 D ALTAMONTE SPRINGS FL 32715	405 DOUGLAS AVENUE SUITE 1855 D ALTAMONTE SPRINGS FL 32714-2542

3. Date Incorporated or Qualified: 01/11/1996
3a. Date of Last Report:

2. Principal Place of Business
21 Suite, Apt. #, etc.: 3015 Timpana Point
23 City & State: Longwood, FL
24 Zip: 32779
25 Country: Seminole

2a. Mailing Address
26 Suite, Apt. #, etc.: P.O.Box 607777
28 City & State: Orlando, FL
29 Zip: 32860
30 Country: Orange

4. FEI Number: 59-3359547 ☐ 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

BEIK, STEPHEN W
1101 N LAKE DESTINY DRIVE
SUITE 130
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: SAME
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: N/A
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	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	PERRINS, RORY A		1.2 NAME		
STREET ADDRESS	THE COPPINS COPPERTREE CT. LOOSE MAIDSTONE		1.3 STREET ADDRESS	20 FRONT STREET NEWBOTTLE	
CITY-ST-ZIP	KENT UNITED KINGDOM		1.4 CITY-ST-ZIP	TYNE & WEAR DH4 6EP	
TITLE	VD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	PERRINS, WENDY J		2.2 NAME		
STREET ADDRESS	THE COPPINS COPPERTREE CT. LOOSE MAIDSTONE		2.3 STREET ADDRESS	20 FRONT STREET NEWBOTTLE	
CITY-ST-ZIP	KENT UNITED KINGDOM		2.4 CITY-ST-ZIP	TYNE & WEAR DH4 6EP	
TITLE	STD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLEMING, RICHARD		3.2 NAME		
STREET ADDRESS	405 DOUGLAS AVENUE STE 1855 D		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	STD	☐ Change ☑ Addition
NAME			4.2 NAME	NOEL WILLIAM STIRLING HALSEY	
STREET ADDRESS			4.3 STREET ADDRESS	3015 TIMPANA POINT	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LONGWOOD, FLORIDA 32779	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: SIGNATURE REQUIRED 29.04.97 0191 514 4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013100