

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 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 # N96000000786 (1)

1. Corporation Name

CHRISTIAN EDUCATION NETWORK, INC.

Principal Place of Business

Mailing Address

8450 HWY. 97
WALNUT HILL FL 32568

8450 HWY. 97
WALNUT HILL FL 32568-1737



3. Date Incorporated or Qualified 02/06/1996 3a. Date of Last Report

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

4. FEI Number 270004136655 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

STOKES, BENNIE E
8450 HWY. 97
WALNUT HILL FL 32568

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]* DATE 6/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	STOKES, BENNIE E	
STREET ADDRESS	8450 HWY. 97	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, JOHN W	
STREET ADDRESS	5820 ROCKAWAY CREEK RD.	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOOMEY, WILLIAM B	
STREET ADDRESS	PO BOX 1401	
CITY-ST-ZIP	ATMORE AL 36502	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, BILLY W	
STREET ADDRESS	8811 HWY. 97A	
CITY-ST-ZIP	WALNUT HILL FL 32568	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, MARTY C	
STREET ADDRESS	3760 ASHCRAFT RD.	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Argent K. Hare
2.3 STREET ADDRESS	6380 Arthur Brown Rd.
2.4 CITY-ST-ZIP	Walnut Hill, FL 32568
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Roger D. Barnes
3.3 STREET ADDRESS	9200 Fowler Ave.
3.4 CITY-ST-ZIP	Pensacola, FL 32534
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brenda G. Thompson
5.3 STREET ADDRESS	P.O. Box 53
5.4 CITY-ST-ZIP	Walnut Hill, FL 32568
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.

CR2E037 (9/96)