

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000000985 (9)**

1. Corporation Name

CHURCH SERVICES INTERNATIONAL, INC.

Principal Place of Business

**444 CARIBBEAN DR
LAKELAND FL 33809**

Mailing Address

**444 CARIBBEAN DR
LAKELAND FL 33803-5612**3. Date Incorporated or Qualified
02/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip**24** Country

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip**29** Country

4. FEI Number

59-3370105

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

**LUNSFORD, BEVERLY A
444 CARIBBEAN DR
LAKELAND FL 33809**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNSFORD, BEVERLY A	
STREET ADDRESS	444 CARIBBEAN DR	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNSFORD, DON	
STREET ADDRESS	444 CARIBBEAN DR	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNSFORD, MARK	
STREET ADDRESS	1004 LASSITER DR	
CITY - ST - ZIP	GOODLETTSVILLE TN 37072	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNSFORD, ANNE	
STREET ADDRESS	1004 LASSITER DR	
CITY - ST - ZIP	GOODLETTSVILLE TN 37072	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALZ, CRAIG	
STREET ADDRESS	1445 N MAIN ST	
CITY - ST - ZIP	MOORESVILLE NE 28115	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALZ, ANGELA	
STREET ADDRESS	1445 N MAIN ST	
CITY - ST - ZIP	MOORESVILLE NE 28115	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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.

SIGNATURE:

Donald W. Lunsford 1/22/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0052656

CR2E037 (9/96)