

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 05 1997 8:00am  
Secretary of State

DOCUMENT # N96000001633 (4)

1. Corporation Name

CHRIST-TABERNACLE FULL GOSPEL CHURCH INC.



Principal Place of Business Mailing Address  
2220 DANSON ST. 2220 DANSON ST.  
JACKSONVILLE FL 32209 JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
03/26/1996  
4. FEI Number 59-3341622 Applied For  
Not Applicable  
5. Certificate of Status Desired \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution Added to Fees  
7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNER, ALICE  
9027 ADAMS AVE.  
JACKSONVILLE FL 32208

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 Alice Warner Alice Warner 8/28/97  
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 P  
NAME WILLIAMS, EUGENE JR. N/A  
STREET ADDRESS P.O. BOX 1232 S. DIXIE AVE.  
CITY-ST-ZIP CALLAHAN FL 32011  
TITLE V  
NAME WILLIAMS, BETTY J N/A  
STREET ADDRESS P.O. BOX 1232 S. DIXIE AVE.  
CITY-ST-ZIP CALLAHAN FL 32011  
TITLE S  
NAME WARNER, ALICE L  
STREET ADDRESS 9027 ADAMS AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32208  
TITLE T  
NAME WARNER, JOHNNY L SR.  
STREET ADDRESS 9027 ADAMS AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32208  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Director  
1.2 NAME  
1.3 STREET ADDRESS NO CHANGES OR ADDITIONS  
1.4 CITY-ST-ZIP  
2.1 TITLE Director  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE Director  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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 REQUIRED 100002286451  
-09/08/97--01003--007  
\*\*\*61.25  
RAW 9-5-97  
4-17 1997

CR2E037 (4/97)