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May 15 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 # N96000001740 (7)

1. Corporation Name
CHRISTIAN SUPPORT MINISTRIES, INC.



Principal Place of Business
4191 SAN JUAN AVE.
JACKSONVILLE FL 32210

Mailing Address
4191 SAN JUAN AVE.
JACKSONVILLE FL 32210-3333

3. Date Incorporated or Qualified 03/17/1996	3a. Date of Last Report
4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
25	30

9. Name and Address of Current Registered Agent BUSH, DAVID M 4191 SAN JUAN AVE. JACKSONVILLE FL 32210	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input type="checkbox"/> DELETE	1.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSH, DAVID M		1.2 NAME BUSH, DAVID M.	
STREET ADDRESS 7969 LE MANS DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, STEVE		2.2 NAME MORRIS, STEVE	
STREET ADDRESS 8636 BLUEBELL LANE		2.3 STREET ADDRESS 8336 W. HAMDEN ROAD	
CITY-ST-ZIP JACKSONVILLE FL 32244		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32244	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHOCKLEY, FRANK		3.2 NAME	
STREET ADDRESS 8128 POE COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32244		3.4 CITY-ST-ZIP	
TITLE VS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUSH, JUDY		4.2 NAME	
STREET ADDRESS 4191 SAN JUAN AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32210		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME TIMOTHY L. TAYLOR	
STREET ADDRESS		5.3 STREET ADDRESS 503 PURCELL DRIVE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP JACKSONVILLE, FL 32221	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: David M. Bush DATE: 4/27/97 TELEPHONE: (904) 387-1959

CR2E037 (9/96)