


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001782 (9)**  
1. Corporation Name  
**OLD CHRIST CHURCH FOUNDATION, INC.**



Principal Place of Business <b>18 W WRIGHT ST PENSACOLA FL 32501</b>	Mailing Address <b>18 W WRIGHT ST PENSACOLA FL 32501-4830</b>
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3. Date Incorporated or Qualified <b>04/02/1996</b>	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Country 25	Country 30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CURRIN, B M 18 W WRIGHT ST PENSACOLA FL 32501</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>Rector</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>B.M. Currin "D"</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>18 W. Wright St. Pensacola, FL 32501</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Chairman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Wylie Hogeman "D"</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>1920 Villafane Dr.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Pensacola, FL 32503</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Henry Yonge "D"</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1014 Harbourview Cir.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Pensacola, FL 32507</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Roderic Magie "D"</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>609 Crown Cove</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Collier Merrill "D"</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>P.O. Box 710 (N/A)</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Pensacola, FL 32593</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>800002091868</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>-02/19/97--01051/012</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>02-19</b>

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, on an attachment with an address.

SIGNATURE *[Handwritten Signature]* 1/23/97 904-483-5115

CR2E037 (9/96)