


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003153 (1)
1. Corporation Name
CHRISTIAN PALL BEARERS SOCIETY OF POMPANO, INC.

Principal Place of Business 1800 N.W. 6TH AVENUE POMPANO BEACH FL 33060	Mailing Address 1800 N.W. 6TH AVENUE POMPANO BEACH FL 33060-4806
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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		3. Date Incorporated or Qualified 06/12/1996	3a. Date of Last Report
4. FEI Number 65-0748314		Applied For <input 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent CLARKE, ROBERT 1900 N.W. 6TH AVENUE POMPANO BEACH FL 33060		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	
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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	PD	CLARKE, ROBERT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				1.2 NAME			
STREET ADDRESS	1900 N.W. 6TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060			1.4 CITY-ST-ZIP			
TITLE	SD	GRiffin, EASTER MAE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS	1565 N.W. 3RD WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060			2.4 CITY-ST-ZIP			
TITLE	TD	NEAL, DOSHIA LEE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS	1570 N.W. 7TH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060			3.4 CITY-ST-ZIP			
TITLE		Robert A. Clarke	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS	1900 NW 6th Ave			4.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060			4.4 CITY-ST-ZIP			
TITLE		Easter Mae Griffin	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS	1565 N.W. 3rd Way			5.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060			5.4 CITY-ST-ZIP			
TITLE		Doshia Lee Neal	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS	1570 N.W. 7th Ave			6.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33060			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 _____ SIGNATURE _____ **6-25-97**

CR2E037 (9/96)