

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 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
---	---	---

**DOCUMENT # N96000003407 (1)**  
1. Corporation Name  
**CHRISTIAN FAMILY CHURCH, INC.**



Principal Place of Business <b>14920 TRITON TERRACE HUDSON FL 34667</b>	Mailing Address <b>14920 TRITON TERRACE HUDSON FL 34667-3251</b>
--	---

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 <b>06/26/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3391620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PERKINS, NANCY M  
14920 TRITON TERRACE  
HUDSON FL 34667**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinitiating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEMİK, DONALD</b>	
STREET ADDRESS	<b>8520 SUMMER DRIVE, VIVA VILLA</b>	
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PERKINS, MAURICE L.</b>	
STREET ADDRESS	<b>14920 TRITON TERRACE</b>	
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>PERKINS, NANCY M</b>	
STREET ADDRESS	<b>14920 TRITON TERRACE</b>	
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	<b>PERKINS, MAURICE L.</b>		
1.3 STREET ADDRESS	<b>14920 TRITON TERRACE</b>		
1.4 CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	<b>DEMİK, DONALD</b>		
2.3 STREET ADDRESS	<b>8520 SUMMER DRIVE, VIVA VILLA</b>		
2.4 CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		
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 checked="" 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: **MAURICE L. PERKINS** *M. Perkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **0066265**

CR2E037 (9/96)