

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 21 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 # **N96000004976 (4)**

1. Corporation Name

TOGETHER IN CHRIST, INC.



Principal Place of Business 413 NIGHTHAWK LANE ST. AUGUSTINE FL 32084	Mailing Address 413 NIGHTHAWK LANE ST. AUGUSTINE FL 32084-7084
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2. Principal Place of Business 21 SAME		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 31-1479433	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	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	

9. Name and Address of Current Registered Agent RAX CO. 50 NO LAURA STREET 3400 BARNETT CENTER JACKSONVILLE FL				10. Name and Address of New Registered Agent	
				81 Name Joseph DIFATO	
				82 Street Address (P.O. Box Number is Not Acceptable) 413 NIGHTHAWK LANE	
				83	
				84 City ST AUGUSTINE	85 Zip Code FL 32084

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 Joseph C Difato Joseph C DIFATO 1/6/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIFATO, JOSEPH C			1.2 NAME			
STREET ADDRESS	413 NIGHTHAWK LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIFATO, FELICIA M			2.2 NAME	FELICIA DIFATO IS NO LONGER		
STREET ADDRESS	413 NIGHTHAWK LANE			2.3 STREET ADDRESS	A DIRECTOR BUT STILL IS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084			2.4 CITY-ST-ZIP	A U.P.		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOWARD, G A			3.2 NAME	CHARLES CREIGHTON		
STREET ADDRESS	13642 SHIPWATCH DRIVE			3.3 STREET ADDRESS	606 REED RD		
CITY-ST-ZIP	JACKSONVILLE FL 32225			3.4 CITY-ST-ZIP	Bromall PA 19008		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	DAVID EDWARDS		
STREET ADDRESS				4.3 STREET ADDRESS	Suite 1639, Riverplace Blvd		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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: Joseph C Difato Joseph C DIFATO 1/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001302

CR2E037 (9/96)