


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006484 (6)

1. Corporation Name

CORAL SPRINGS CHRISTIAN CENTER, INC.



Principal Place of Business 1253 UNIVERSITY DR., STE. 210 CORAL SPRINGS FL 33071	Mailing Address 1253 UNIVERSITY DR., STE. 210 CORAL SPRINGS FL 33071
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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
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3. Date Incorporated or Qualified 11/14/1997	4. FEI Number 65-0749576	Applied For 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

6. Name and Address of Current Registered Agent PAREDES, JOSE 10161 NW 36TH ST., #A CORAL SPRINGS FL 33065	
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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	
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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 *[Signature]* DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	0 <input type="checkbox"/> DELETE
NAME	BEER, DOCTOR L
STREET ADDRESS	10017 NW 45TH ST.
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	0 <input type="checkbox"/> DELETE
NAME	KING, GARY
STREET ADDRESS	8586 NW 2ND ST.
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	0 <input type="checkbox"/> DELETE
NAME	KING, LINDA
STREET ADDRESS	8586 NW 2ND ST.
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	0 <input type="checkbox"/> DELETE
NAME	PAREDES, ISABEL
STREET ADDRESS	10161 NW 36TH ST., #A
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	0 <input type="checkbox"/> DELETE
NAME	PAREDES, JOSE
STREET ADDRESS	10161 NW 36TH ST., #A
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	0 <input type="checkbox"/> DELETE
NAME	GIBBINGS, NILDA
STREET ADDRESS	11750 NW 6TH ST.
CITY-ST-ZIP	PLANTATION FL 33325

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" 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	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Nilda Gibbings* *secret* 5/11/98

CR2E037 (10/97)