FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046777 (7)

1. Corporation Name
CHRISTIAN PURCHASING NETWORK, INC.

Principal Place of Business	Mailing Address
1751 MOUND STREET SUITE 1A SARASOTA FL 34246	P.O. BOX 4256 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 05/01/1994

	2. Principal Place of Business	2a. Mailing Address
21/26	7126 BENEVA Road	7126 BENEVA Road
Suite, Apt. #, etc 22/27		
City & State 23/28	SARASOTA, FL	SARASOTA, FL
Zip 24/29	34238	34238
Country 25/30		

4. FEI Number: 65-0422174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MISIEWICZ, THEODORE
1751 MOUND STREET
SUITE 1A
SARASOTA FL 34246

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7126 BENEVA Road
83
84 City: SARASOTA FL 85 Zip Code: 34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date signed (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	C/D/S/T	☒ Change ☐ Addition
NAME	MCELHENY, THOMAS J	12 NAME	MCELHENY, THOMAS J.	
STREET ADDRESS	P.O. BOX 4256 N/A	13 STREET ADDRESS	7126 BENEVA ROAD	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	PST	21 TITLE		☒ Change ☐ Addition
NAME	BERNTSEN, ARNOLD C	22 NAME	DELETE	
STREET ADDRESS	P.O. BOX 4256 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS J. MCELHENY 4/27/95 813-927-3344
SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340114 CP