PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070421 (9)

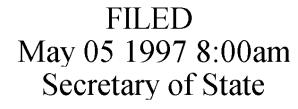
CHURCH RISK MANAGEMENT, INC.

Principal	Place	of	Business	

Mailing Address

1109 CEPHIA STREET

1109 CEPHIA STREET LAKE WALES FL 33853-3917



DAILE HALES II	L 55555	DAKE WALLS IT SOOM	70017				
					 Date Incorporated or Qualified 09/13/1995 	3a. Date of Last Report 05/01/1996	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		-	NOT APPLICABLE	Not Applicable	
_ '	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
22	<u>,</u> .	27				Fee Required	
City & State	9	F≔-η '	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Žip	Country	Zιρ	Coun	try	8. This corporation has liability for in		
24	25	29] s of Current Registered Agent	30		Florida Statutes 10. Name and Address of New Rec	Yes No	
1/00	 <u> </u>	s of Current negistered Agent		Name	10, Name and Address of New Neg	listered Want	
	N, DAVID]	Name			
	CEPHIA STREET		[8	Street Add	ress (P.O. Box Number is Not Acceptable	le)	
LAKE	WALES FL 33853		-	83			
				13		•	
			8	14 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Section	ons 607.0502 and 607.1508, Florida St	atules, the abo	ove-named cor;	poration submits this statement for the pr	urpose of changing its registered	
office or r	egistered agent, or both, m familiar with, and acce.	in the State of Florida. Such change was the obligations of Section 607 0505	zas authorized S Elorida Statu	by the corpora tes	tion's board of directors. I hereby accep	I the appointment as registered	
•	arrigation and a contraction	prime obliganente en economico vicese	, i lorina otara				
SIGNATURE	Signature, typed or printed name of	of registered agent and title if applicable	(NOTE: Registered	Agent signature requ	ired when reinstating)	DATE	
12.		FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE	1.1 TITL	₹ I		Change Addition	
NAME	KOON, DAVID		1.2 NAM	!E			
STREET ADDRESS	1109 CEPHIA STREE		1.8 STR	EET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 338		1.4 CITY	r - S1 - ZIP			
TITLE	STD	☐ DELETĒ	2.4 TITL	E		Change Addition	
NAME	KOON, CHARLENE N		2.2 NAN	NE			
STREET ADDRESS	1109 CEPHIA STREE		2.8 STR	EET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 338		2. 4 CIT	Y · S1 · Z(P			
TITLE		DELETE	3.1 1111	Ε		Change Addition	
NAME			3.2 NAA	18			
STREET ADDRESS			3.B S1R	ee1 address		l	
CITY-ST-ZIP		<u> </u>	3.4. CIT	Y - S1 - ZIP			
TITLE		☐ DELETE	4.1 1ITL	€		Change Addition	
NAME			4. 2 NA	ΜĒ		l	
STRÉET ADDRESS			4.8 \$TR	EET ADDRESS		l	
CITY-ST-2IP				(-ST-7IP			
TITLE		☐ DELETE				Change Addition	
NAME			5.2 NAM	\$E.			
STREET ADDRESS			5 B S1 R	EFT ADDRESS		l	
CITY-ST-ZIP				(-ST-ZIP			
TITLE		DELETE	61 TITL	E		☐ Change ☐ Addition	
NAME			62 NAN	AE		l	
STREET ADDRESS	Ċ		63 STR	EET ADDRESS		l	
CITY-ST-ZIP			6 A CITY	r-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 trusted 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.

1-28-97 941-10710-7808