FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED
1996 JUN 19 AM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000080512 (3)**

1. Corporation Name
CHRISTIAN EDUCATION AND DEVEOPMENT FOUNDATION, I NC.

Principal Place of Business
2325 BUCK BOARD TRAIL
POST OFFICE BOX 467
LAKE WALES FL 33859

Mailing Address
2325 BUCK BOARD TRAIL
POST OFFICE BOX 467
LAKE WALES FL 33859

3. Date Incorporated or Qualified: **10/17/1995**
3a. Date of Last Report: N/A

2. Principal Place of Business — 21: Same
2a. Mailing Address — 26: Same
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-333-8251 — 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
HENDERSON, JOHNIE A
2325 BUCK BROAD TRAIL
LAKE WALES FL 33859

10. Name and Address of New Registered Agent
81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL — 85 Zip Code:

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: Johnie Henderson — Johnie Henderson President — 5-22-96
(If not typed or printed name of registered agent on line above) (Note: Registered Agent signature required only if registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	Instructions State Use	☐ DELETE
NAME		
STREET ADDRESS	Blocks #12 to Delete only	
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.R.S.	☐ Change ☐ Addition (Same as when started)
1.2 NAME	Johnie A. Henderson	
1.3 STREET ADDRESS	2325 Buck Board Trail	
1.4 CITY-ST-ZIP	Lake Wales, Fla. 33859	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V.P.	☐ Change ☒ Addition
3.2 NAME	Johnie Henderson	
3.3 STREET ADDRESS	820 Henderson Lane	
3.4 CITY-ST-ZIP	Blairsville, Georgia 30512	
4.1 TITLE	V.P.	☐ Change ☒ Addition
4.2 NAME	Betsy Henderson	
4.3 STREET ADDRESS	820 Henderson Lane	
4.4 CITY-ST-ZIP	Blairsville, Georgia 30512	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	400001870974	
5.3 STREET ADDRESS	-06/21/96--01037--007	
5.4 CITY-ST-ZIP	****233.75 ****233.75	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Johnie Henderson — Johnie Henderson — 5-22-96 / 1-500-346-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #