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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

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 33859-0467

3. Date Incorporated or Qualified: **10/17/1995**
3a. Date of Last Report: **06/19/1996**

4. FEI Number: **59-3338251** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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
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 — 4.9.97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	HENDERSON, JOHNIE A	
STREET ADDRESS	2325 S. BUCK BROAD TRIAL	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	VP	☐ DELETE
NAME	HENDERSON, JOHNIE	
STREET ADDRESS	820 HENDERSON LANE	
CITY-ST-ZIP	BLAIRSVILLE GA 30512	
TITLE	VP	☐ DELETE
NAME	HENDERSON, PATSY	
STREET ADDRESS	820 HENDERSON LANE	
CITY-ST-ZIP	BLAIRSVILLE GA 30512	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 — 4.9.97

1-800-346-4

CR2E034 (9/96)