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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Merriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S18831** (5)
1. Corporation Name
CHRISTIAN PURCHASING NETWORK INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address
1751 MOUND STREET SUITE 1A SARASOTA FL 34236 **1751 MOUND STREET SUITE 1A SARASOTA FL 34236**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/17/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0237636** 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
**DEAN, ERNEST J
1751 MOUND ST., SUITE 1A
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
B1 Name **THEODORE MISIEWICZ**
B2 Street Address (P.O. Box Number is Not Acceptable) **7126 BENEVA ROAD**
B3
B4 City **SARASOTA** FL B5 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 **THEODORE MISIEWICZ** *Theodore Misiewicz* 4/27/95
(Signature types or printed name of registered agent and date of appointment) (NOTE: Registered Agent signature required after 1/1/95)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCELHENY, THOMAS J.
STREET ADDRESS	1751 MOUND STREET 1-A
CITY ST ZIP	SARASOTA FL
TITLE	ST
NAME	DEAN, ERNEST J., JR
STREET ADDRESS	1751 MOUND STREET 1-A
CITY ST ZIP	SARASOTA FL
TITLE	V
NAME	VANDEVEER, RALPH
STREET ADDRESS	1751 MOUND STREET 1-A
CITY ST ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	C/D/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	THOMAS J. MCELHENY	
3. STREET ADDRESS	7126 BENEVA ROAD	
4. CITY ST ZIP	SARASOTA, FL 34238	
7. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	DELETE	
23. STREET ADDRESS		
24. CITY ST ZIP		
31. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	DELETE	
33. STREET ADDRESS		
34. CITY ST ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY ST ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY ST ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
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)(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: **THOMAS J. MCELHENY** *Thomas J. McElheny* 4/27/95 813-927-3344
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Telephone Number