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 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S73172** **(6)**

1. Corporation Name
CHRISTIAN AMERICA CORP.

Principal Place of Business	Mailing Address
POB 5398 JACKSONVILLE FL 32247-9398	POB 5398 JACKSONVILLE FL 32247-9398

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1991**
3a. Date of Last Report: **05/01/1994**

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

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

4. FEI Number: **59-3085364** ☐ 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

WHARTON, PAUL
4341-2 ST AUGUSTINE RD
JACKSONVILLE FL 32247-9398

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: P.W.Wharton P.W. Wharton DATE: 4/29/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE		☐ Change ☐ Addition
NAME	WHARTON, PAUL	12 NAME		
STREET ADDRESS	2356 JOSE CIRCLE NORTH	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MCGEHEE, T.R., SR.	22 NAME		
STREET ADDRESS	3300 PHILLIPS HWY	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	CD	31 TITLE		☐ Change ☐ Addition
NAME	MCGEHEE, DELIA HOUSER	32 NAME		
STREET ADDRESS	505 LANCASTER ST., #6B	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☑ Change ☐ Addition
NAME	MCGEHEE, THOMAS R., JR.	42 NAME		
STREET ADDRESS	~~4840 APACHE AVENUE~~	43 STREET ADDRESS	1850 Seminole Road	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	JAX FL 32205	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	WHARTON, KRISTEN L.	52 NAME		
STREET ADDRESS	2356 JOSE CIRCLE NORTH	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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: P.W.Wharton 4/29/95 (904) 549-3041
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0407610 FP