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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 701490 (5)

1. Corporation Name

CHRIST CHURCH INC

Principal Place of Business

**151 WEST CHURCH AVE.
LONGWOOD FL 32750**

Mailing Address

**151 WEST CHURCH AVE.
LONGWOOD FL 32750-4105**



3. Date Incorporated or Qualified

10/03/1960

3a. Date of Last Report

05/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, ROGER E
127 ROSE BRIAR DRIVE
LONGWOOD FL 32750**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T
NAME: **MATHEWS, DOUG**
STREET ADDRESS: **478 GREEN SPRING CIRCLE**
CITY-ST-ZIP: **WINTER SPRINGS FL 32708**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
NAME: **EDOM, DONALD**
STREET ADDRESS: **890 SHRIVER CIRCLE**
CITY-ST-ZIP: **LAKE MARY FL 32746**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S
NAME: **SCHAEFER, DEBORAH**
STREET ADDRESS: **104 LARCH COURT**
CITY-ST-ZIP: **LONGWOOD FL 32750**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

P
NAME: **FOXX, DAVID**
STREET ADDRESS: **437 E CENTER STREET**
CITY-ST-ZIP: **ALTAMONTE SPRINGS FL 32701**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
NAME: **SPRAGUE, MIKE**
STREET ADDRESS: **1450 WALD RD**
CITY-ST-ZIP: **ORLANDO FL 32806**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
NAME: **BRUNNER, NANCY**
STREET ADDRESS: **1652 PALM HILL**
CITY-ST-ZIP: **LONGWOOD FL 32750**

6.1 TITLE
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Doug Mathews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-97 407-656-7760

CR2E037 (9/96)